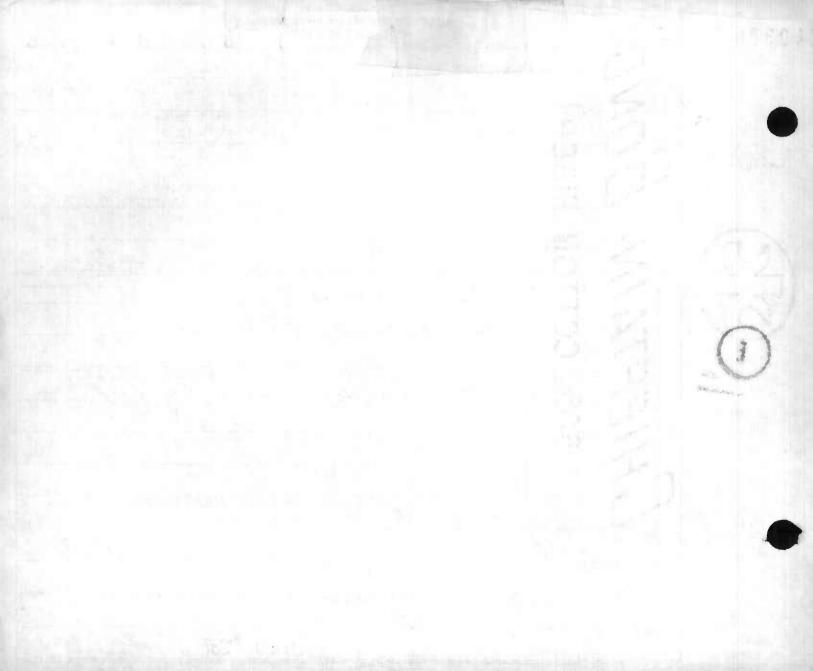
Ambrose Funeral Home 1328 Sulphur Spring

JAN 8

DHMH - 16 60M 7/84

(VRA 15, 4)



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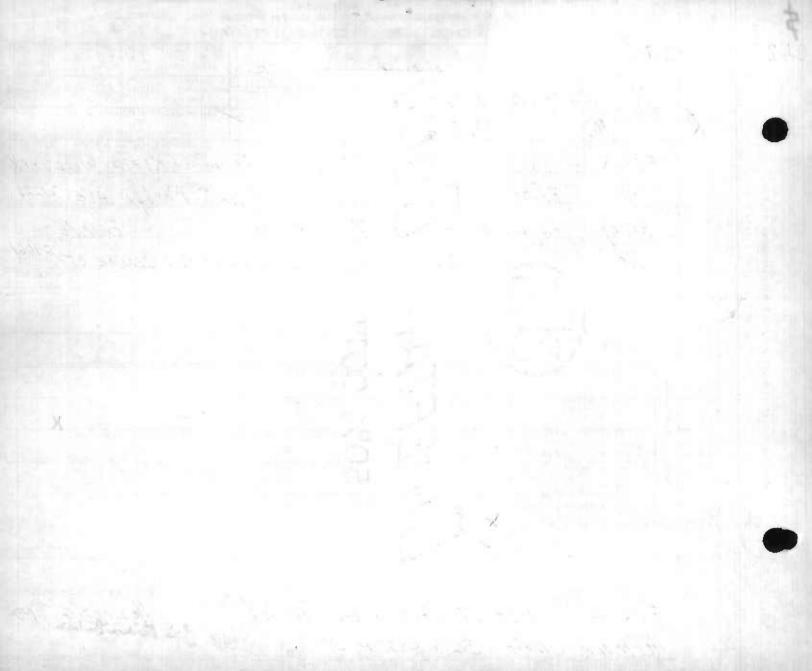
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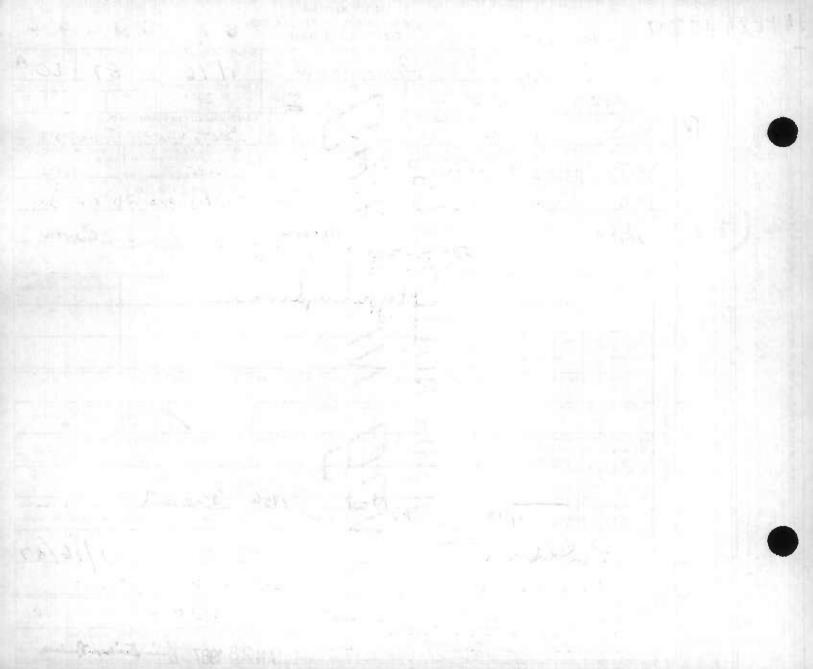
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN A TTYPE OR PRINT) OF ESTI-AKA: SALLIE D. ADAMS DEATH MATED Sally D. Adams 4 RACE DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED DEAD Female White 1/25/18 68 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED DIVORCED North Carolina U.S.A. WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY 1806 Winans Ave. 21227 Arbutus Receptionist Dental UAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. 30 STATE 136. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Maryland Arbutus YES [1806 Winans Ave. M FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE EIRST LAST St. Nicholas Daugerty, Sr. Bessie Lee 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166. SOCIAL SECURITY NO **ADDRESS** (YES, NO, OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 216-01-9750 Harry L. Adams Jr. 413 3rd Ave. 21227 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 HEATH COFF CERTIFICATION 190 DATE OF OPERATION GES CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE S POULD BE FORM
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TER DEATH, WITH THE ST 220 I certify that took charge of the remains described above, held an Autopsy and in my apinian death resulted from Natural causes 12 Accident Hamicide Undetermined manner ATLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) ADDRES! 0 230 BURIAL, CREMATION, REMOVAL 236 DATE 23r. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) STATE Buria1 1/17/87 07/84 BP Lorraine Park Cem Woodlawn.Baltimore. 25M 24 FUNERAL DIRECTOR **DHMH - 17** ADDRESS Julia Deviders (VR A15 ME (5)) Ambrose, Inc. 1328 Sulphur Spring Rd



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# E		Dantos	18 da	MA)		ATTENDING PHYSICIAN	MEDICAL STAI	FF IAN []	1/22/80
NA T		224. PHYSICIAN'S NAME (TYP	OR PRINT)			22e ADDRESS			1 101
IMPORTANT: H		D. Anton,	MD		16813	St. Joseph	n's Hospita	l, Balto	., MD
5 ≤	230 B	URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION	COUN	ITY STATE
		Burial	1/24/			Ridge	Pikesv	ille,	MD
OM 7/84	24 FU	NERAL DIRECTOR Hen	ry W. J	lenkins	& Son	s Co. 25	28 1987 TRAF	SHIREGISTERS.	SIGNATURE
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UI C. UMM		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
4. M.E		CEASED NAME FIRST	MIDDLE	(AST	28. DATE OF DEATH N	ONTH DAY YEAR 26 HOUR
page 3		MAU	RICE A.	ALLEN SR.		14 81 25
r po	3. SE	(4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER TYEAR IF UNDER THE
ge ecto		MALE	BLACK	01 16 1919	67	YRS
P Pop P		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
nin 7		CAROLINA	U. S. A.	WIDOWED DIVORCED	BALTIMORE	
with with		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	
ورق الور	-	BALTIMORE	BALTIMORE CO.	GENERAL HOSPITAL		PERATOR MD. GLASS
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からかん	2	WILLIAM	O. ALLEN	VIRGINIA		NICHOLSON
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or us		sow the deceased alive or	1-4 6	ond that in (my) (our) opinion	deoth occurred on the dot	e and hour and from the causes stated
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toch E De		(A)	3 -4-17	ATTENDING	MEDICAL STAFF	- 11 11 07
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₽₽ ₽₹ \$ 1 - - - - - - - - - -	230. BURIAL, CREMATION, REMOVA	1 23b. DATE 23c. Feb. 2, 1987 1	NAME OF CEMETERY OF CREMATORY	m BA Truoi	COUNTY MYATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR Sello	elt MANCH		ATE REC'D. BY REGISTRAD 256, REG	mer Line



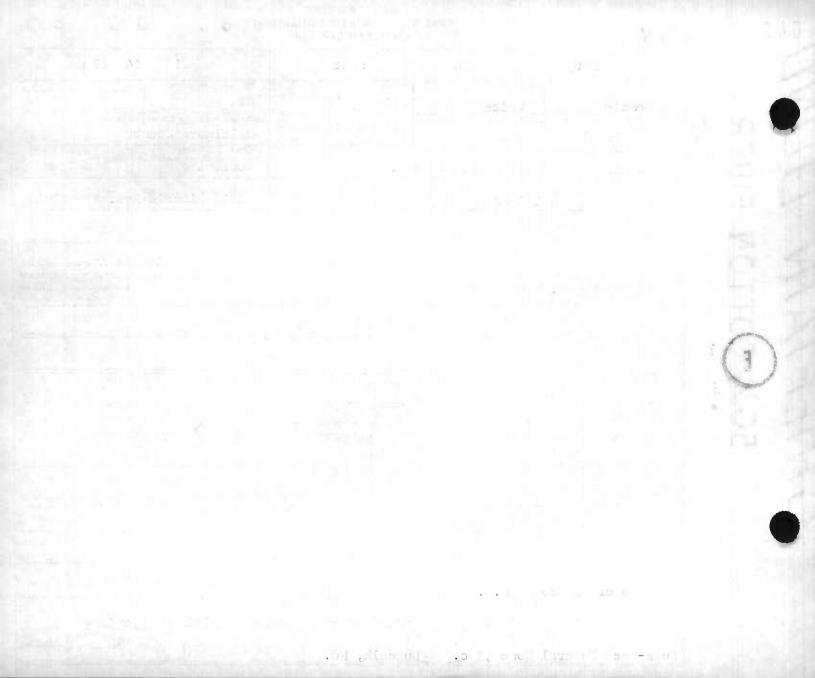
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3. SE	Female		4 RACE White		July	9, 1905 YEAR	6. AGE (IN YEARS LAST BIRTI		UNDER I YEAR	IF UNDER 24 HR HOURS MIN
11	RTHPLACE (STATE OR F COUNTRY) Pennsylvani			VHAT COUNTRY?	8	D X NEVER MARRIED	Baltimore City of	COUNTY		
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7	Joseph		WIDDLE	Repasch		15. MOTHER'S MAIDEN NAM Theresa	MIDDLE		Hutte	Č
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ATION	gave rise to imm couse (0), statin underlying couse	which nediate g the lost.	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO	AS A CONSEQUE	ENCE OF	Carrel of the term	A Second	206. IF YES.	WERE FINDI	NGS USED
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BAUT sicro pers mol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	only one couse per line	for (a), (b), and	d (c).)				BETWEEN	MATE INTERVAL INSET AND DEATH
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201 es the plea	577	PART 2. ÖTHER SIGNIFICAL	NT CONDITIONS CONT	RIBUTING TO D	DE ATH BUT	NOT RELATED TO THE TERA	AIN AL DISEASE OR CON	DITION GIVEN	IN PART 110	
RDS, n sign Then to b	NO O									
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r offending physician. Wher this certificate has been sig os the burial-transit permit. Ther th and Mental Hygiene prior to be orked or the Tilling.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W		
ALR The late is now.	E				460		YES NOX	YES [NO 🗆
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NG r offer of the offer of the offer torke		AT WORK AT WORK			01/		0.11	-	0.7	
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Of of MAN	23a	SURIAL ENEMATION REMO		23c N	NAME OF C	IGBMC - 6701 EMETERY OR CREMATORY	N. CHARLES	2 21.		
BP		Burial	Jan.19,19			11 Mem.Garder	CITY OR TOWN	Ral+	imore	Md.
	24. F	UNERAL DIRECTOR				250 DA	TE REC'D. BY REGISTRAR			
DHMH - 16 60M 7/84 (VRA 15, 4)	H	loward K. McCo	mas III, Ab	ingdon,	Md. 2	1009	IAN 20 1981	Gulia	Darroga	DRE Paridents

STATE OF MARYLAND

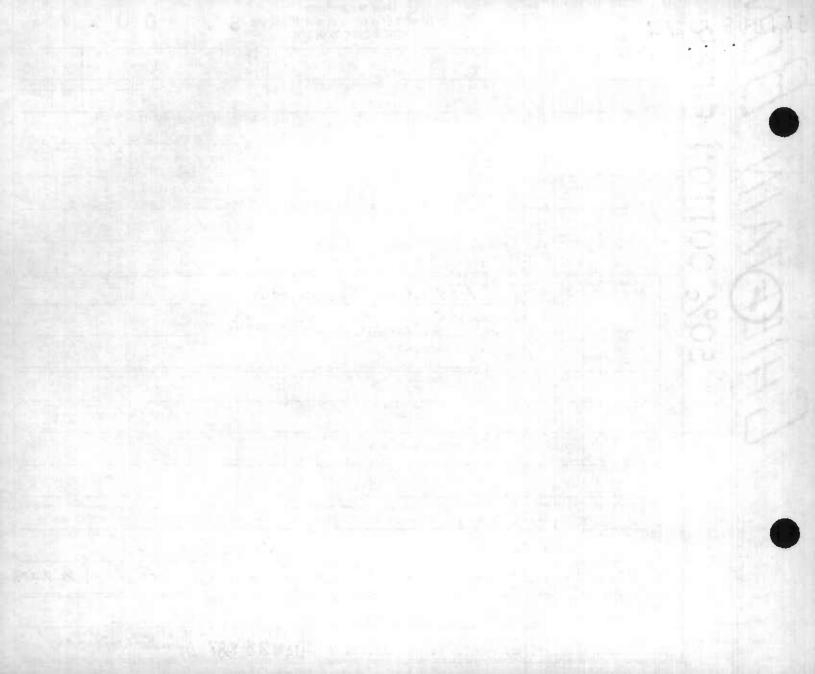
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

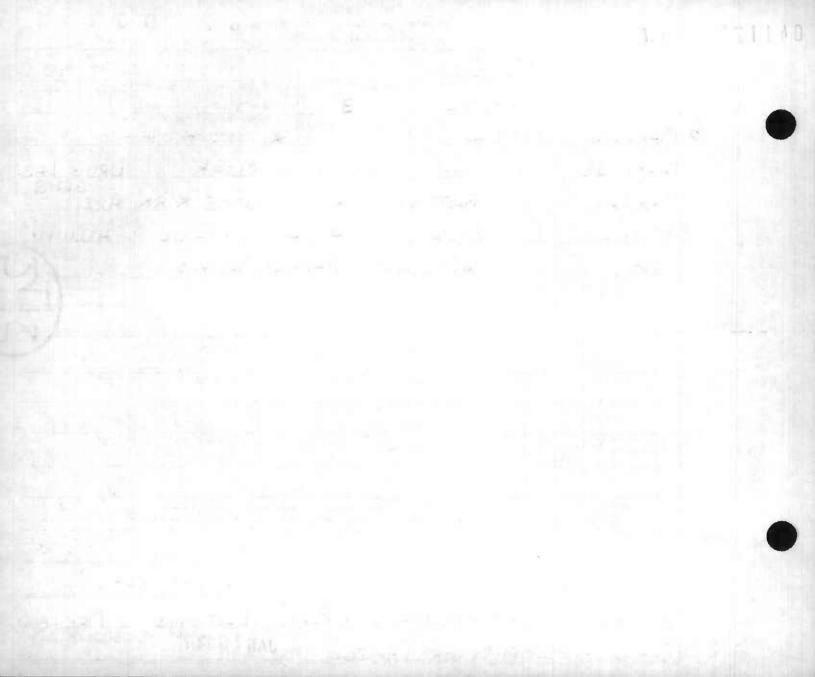
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2	M.CI.	TY OR TOWN OF D	DEATH		HOSPITAL, NURSIN HEACILITY, GIVE STREET		PROTHER INSTITUTION	12a USUAL OCCU		126 KIND C IFE) INDUSTRY	F BUSINES	SOR
4	100	Rossville			Care - R		11e	Chemical	Engine	er Ret	ired	
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		PART 2 OTHER S	IGNIFICANT (ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	ONDITION G	IVEN IN PART 1	0	
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P	CERTIFICATION	19a DATE OF OPE	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDII		
	TIFE		8070	100	No. of the			YES NO	Y	ES 🗌	NO [
,	0.740	210. ACCIDENT WAS		110110 4	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF	E MATE IN FRAUENT	PART OR PART 2)		
	CAL	(IF EITHER NOTIFY M	EDICAL EXAMINER	P.		19			1			
	MEDICAL	11d. INJURY OCC		21e. PLACE (OF INJURY BET, FACTORY, OFFICE F.	ARM ETC)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	51	TATE
		AT MORK AT	WHILE WORK		The Property			0-17-14				
H					e deceased from		nd that in (my) (our) opinion (death assured on t	he date and he		that (I) (w	
	-	obove, (I) (we	e) (did) (did no	Wiew the body	ofter death.		DEGREE		ne date dila ila	22c. DATE		Tea -
9		220. SIGNATURE	1//	1 Pm	- 110		ATTENDING	MEDICAL _	STAFF	ZZC. DATE	SIGNED	
H		ZM. PHYSICIAN'S	NAME LIVE	OR PRINT)	1012		PHYSICIAN 222 ADDRESS	DIRECTOR PH	YSICIAN	7 /	7 11	
		MOH	AMM	NED 1	V. KHI	4N	5601-	tothke	iven B	1 va, 18	allo, i	4239
	23a B	BURIAL, CREMATIO		23b DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	ST	TATE
			bment	1-23-	-87 Pa	rkwoo	d Cemetery		1timore			11
Ä		UNERAL DIRECTOR		T .	ADDRESS			PREC'D. BY REGIST	RA 255 REGIS	PAR'S SIGNA	URE-	
	,	John C. M	uller,	Inc	6415 Bela	ır Kd	21206 UAN	40 1901	0			1

DHMH - 16 60M 7/84 (VRA 15, 4)





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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

	FOR TATE REGISTRAR			HEALTH AND MENTAL HYD	REG. N	0 0	2 4	da
	1. DECEASED NAME FIRST	MIDDIE		LAST			YEAR 26 HC	OUR
	(TYPE OR PRINT) Anthony			Ariko		1 8 8	37 1:4	5 A M
	3. SEX	4 RACE		OF BIRTH	& AGE (IN YEARS LAST BIR	THOAY) IF UNDER	RIYEAR IF UNE	DER 24 HRS
	Male	White	7	28 1913	73	YRS	DAYS HOUR	MIN
	70. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT	COLINTRY? 8		9 BALTIMORE CITY C		ATH	
	COUNTRY)	U.S.A.	MARR	NEVER MARRIED	Raltimor	e, County	,	MD.
	New York 10 CITY OR TOWN OF DEATH	11. NAME OF HOSPI	TAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 126. I	KIND OF BUSI	
)	m - · · · ·		TY, GIVE STREET ADDRESS	D- 2120/	Sales	F WORKING LIFE) INDI	ustry Retai	1
	TOWSON USUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RE	worth Park SIDENCE BEFORE ADMISSION	1)			ReLai	1
	136. STATE 136 COU		ITY OR TOWN	13d INSIDE CITY LIMITS?	130.STREET ADDRESS		. Das	21204
1	Maryland Ba	to.	Towson	15 MOTHER'S MAIDEN NA	106 Kenilw	orth Park	Dr.	21204
1	FIRST	MIDDLE	LAST	FIRST	WIDDLE		LAST	
4	Michael 160 WAS DECEASED EVER IN U.S. AF	PMED FORCES? TIALS	Ariko OCIAL SECURITY NO.	Mary 17 INFORMANT	ADDRI	55	Bunn	
	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)						
	Yes W.W.	.11 108	5- 07 - 6875	Mrs. Dorothy	Ariko S	Same as 13		
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly ane cause per line la	or (a), (b), and (c).)	. 1	C	- 86	APPROXIMATE IN	ND DEATH
		TE CAUSE (a)	retastat	ic lung	Cancer		3mor	11
		DUE TO, OR AS A	CONSEQUENCE OF	0		7000		
	Canditions, if any, which	((b)						
	gave rise to immediate cause (a), stating the	DUE TO OR AS A	CONSEQUENCE OF		De SP	60 - 70	-	
	underlying cause last.	(c)						
	PART 2 OTHER SIGNIFICANT		BUTING TO DEATH BL	IT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN P	ART Iro	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING							
1	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE	FINDINGS US	SED
	=				YES TO NOT	IN CERTIFYING C	AUSES OF DE	
1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJU		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR	PART 2)	
		AIR	NONTH DAY YEAR					
	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e PLACE OF IN.		211 LOCATION				
	WHILE NOT WHILE AT WORK	(AT HOME STREET, FAC	CTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	OWN COL	NTY	STATE
	22a.1 certify that (1) othis hosp	nital) attended the dece	eased from	19 86	to Jan	8 198	7 that	Twe) lost
	saw the deceased alive or abave,([])(we) (did)(did no	12/18	1980	and that in my (aur) apinian	death occurred on the d	ate and haur and Ir	1	
	22b SIGNATURE	or view the body offer o	Degin.	DEGREE		220	DATESIGNE	D
	Charles	(Hoto	NA	ATTENDING	MEDICAL STA	FF	1818	7
7	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	rag .	22e ADDRESS	DIRECTOR [] PHISIC	IAIN [10/0/	
	Δ			5601 Took	Darram Diand			
	Charles Padge 230 BURIAL, CREMATION, REMOVAL		I 22. NAME OF	CEMETERY OR CREMATORY	Raven Blvd	• 21	239	
	Entombment	1/10/87		ey Valley	CITY OR TOWN	COUNT		STATE
	24 FUNERAL DIRECTOR	1/10/0/			Timonin		lto.	Md.
	Ruck Towson Funer	ral Home T		21204 25° DAI	N 1 2 1987	11.	der Pari	laza.
	Talle	110mc, 1	1000	TOTY VA.		4		90 -1

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE REG. NO DECEASED NAME 20. DATE KNOWN A NONTH (TYPE OR PRINT) ESTI-DEATH MATED Marie G. Armstrong 6. AGE (IN YEARS | IF UNDER TYR. DATE OF BIRTH IF UNDER 24 HRS DATE LASSETHDAY) 1898 Female. 4 White 24 nuary 10 198 TO BIRTHPLACE (STATE OR L CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYL Russia Baltimore, County U.S.A. DIVORCED II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Armacost Nursing Home Worker Cafeteria Anneslie SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e, STREET ADDRESS Rd. Balto. 13c. CITY OR TOWN Maryland 21093 Timonium 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Unknown Grachova Unknown Unknown 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 213-14-0700 Marie A. Karl - same as #13e 18 CAUSE OF DEATH (Enter only one cause per the for (b) and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A COMSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION HIL DATE OF OF 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 216. TIME OF INJURY 21a EXTERNAL CAUSE WAS URRED LENTER NATURE OF INJURY IN JEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET 27a I certify that I took charge of the remains described above, held an PAGE 4 SHOULD DE 1000 TO FUNERAL DIRECTOR AFTER DEATH THE BALTIMORE, MARKIANE Autopsy Inspection ond in my opinian Accident Suicide Hamicide Undetermined manner EXAMINER'S NAME Charles F. O'Donnell, M.D. ADDRESS 7501 York Rd., Towson, Md. 21204 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE Timonium Md. Burial Balto. Dulaney Valley 24. FUNERAL DIRECTOR 21204 250. DATE REC'D BY REGISTRAR AND STRAR'S SIGNATURE Ruck Towson Funeral Home, Inc. 1050 York Rd. **DHMH - 17** (VR A15 ME (5) 20M 4/82

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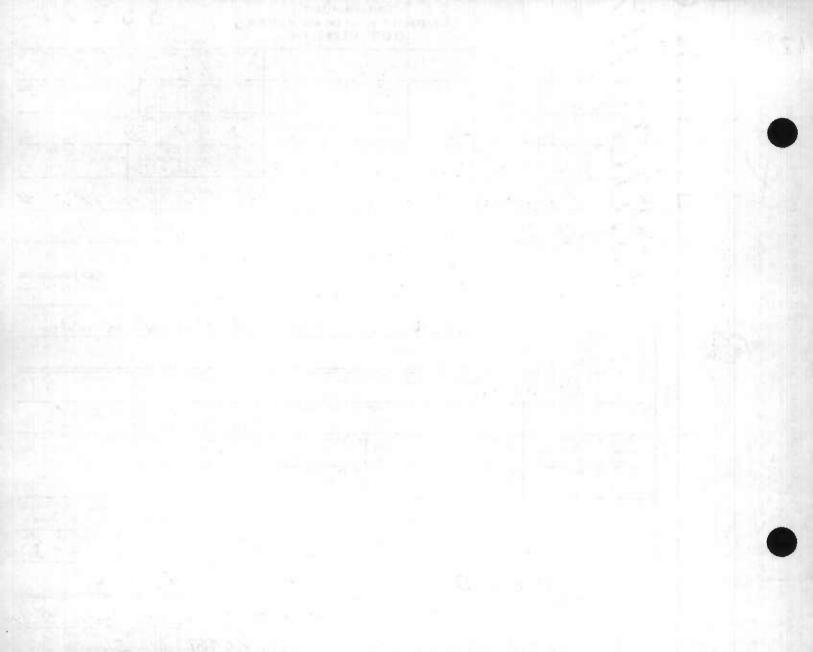
Leonard J. Ruck, Inc.

(VRA 15, 4)

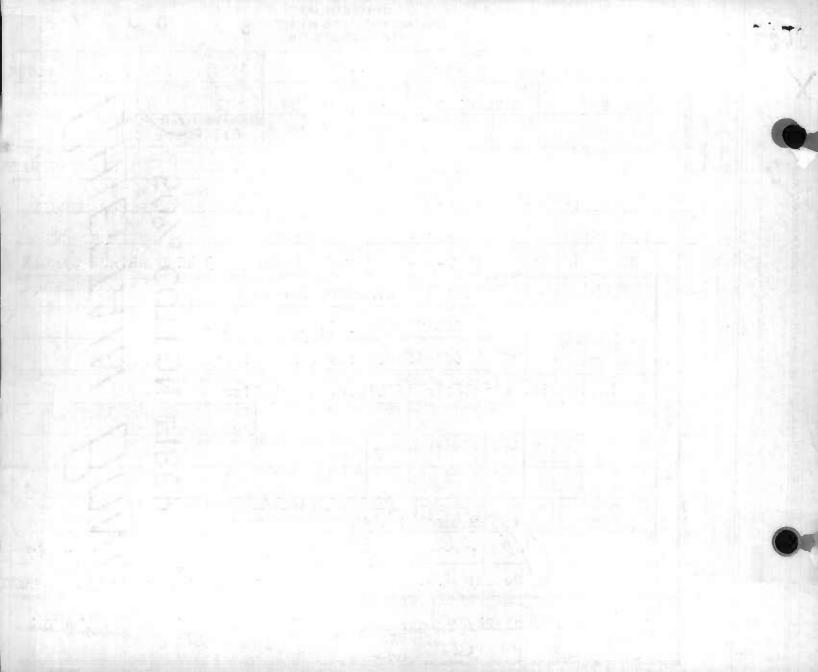
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001 000	1. DECEAS	ED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEA		DAY YEAR	26 HOUR /
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2 12 1	Io. BIRTH	LACE (STATE OF	FOREIGN	6 CITIZEN OF	WHAT COUNT	TRY? 8	D NEVER MARRIED	9. BALTIMORE CI	TY OR COUNTY	OF DEATH	
16 4		zland		USA			ED NORCED		e County		MD.
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- 1 505	David				CH FACILITY, GIVE S			(TYPE OF WORK FOR A		FE) INDUSTRY	1
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A 5 175		rland	Balti	more	Randa	allstown	YES NO	3604 N.	Chapman F	d	21133
至 1 15分形/	14 FATHE	R'S NAME	N	AIDDLE	LAST		15 MOTHER'S MAIDEN N	NAME	DIF		AST
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m contract	1 10	PART I. DEATH W	AS CAUSED	BY:	0.	1 1	mila in an	MARIN		BETWEE	ONSET AND DEATH
15			IMMEDIATE	E CAUSE (a)	las	ano 1	PULLATION	W11 081			
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R . P	PA	T 2 OTHER SIGN	VIFICANT C	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE OR	CONDITION GIV	/FN IN PART	10
SO S	811	D.M		174	1	(2) 4	NANTTIO			E	
8 1 1 1 1	A POST	ATE OF OPERAT	TION	195 COND	ITION FOR WE	HICH OPERATIO	N WAS PERFORMED	26s. AUTOPSY	20h IF YE	S, WERE FIND	INGS LISED
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DIVISION OF VITAL RECORDS NG Physician requirements the law requirement of the major general through the property of the and Mental Progress prior to an add desired 18 at Section yield an add desired 18 at Section yield	21o.	ACCIDENT WAS UNE	DEBLYING C	21b. TIME C	DE INTITION		Tal. How MILIPY occi	TES LI NO	75	S 🗍	NO []
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D 00 4 5 5 5	22a.	I certify that	(this haspite	al) attended_tl	he deceased fro	am_ 0 /	0 4-1 1980	O	0+1	19	, that w (we) last
Part of the state		saw the decease	ed olive on_	01/0	- 1 - 1	1987	nd that in (my) (our) apinio	an death accurred an	he date and hou	ond from th	
A ST WEST	77h	obave, (1) (we) (a	did Adid nat	view the body	y after death		DEGREE				ESIGNED
91 949 7	1 1	/	hich	not			AA ATTENDING	MEDICAL	STAFF \	III. DAI	1-7 157
2 2 2 2 2 5 E							PHYSICIAN			101	104/87
HOSPIT, FUNER, Mid be d	22d.	PHYSICIAN'S NA	AME (TYPE OR	PRINT (22e ADDRESS				
F = 8 = 8		Dr. Deep	ak Me	rchant			Baltimore C	County Gene	ral Hos	pital	
21 E213/	23a. BURIA	AL, CREMATION.		236. DATE		23c NAME OF C	EMETERY OR CREMATORY	Y 236 LOCATION			
BP	(SPECI	Buria	al	1-10-	87	Mt. 01i	ve Cemetery	Randal	İstown	Balti	nore MD
	24 FUNER						ors, Inc. 250.D				
DHMH - 16 60M 7/B4 (VRA 15, 4)		Libert					21133	AN 1 7 400	7 delic	Teddion	Medica
(AKW 12' 4)	0/20	, PIDELL	y Mu.	Kanda	TISCOMII	, III	21133	AN LU DO	37	MARKET BEEFF	tandal !

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42036	JAN :	9 9	EOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENES /	00	2 9 6
0 E			CEASED NAME FIRS		MIDDLE .		LEY		MONTH DAY	YEAR 26 HOUR
nay be page 3	1.1	4 05		Lo Tte	100.	5. DATE C		5 0m . 2		12:20 M
ge 4 m		3. SE:	Female	Whi	te	MONTH 08		78	MONTHS YRS	
oth. Po	or Sough	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	Baltimore city or Baltimore		ATH MD
by the for	Dayled 5	100	TY OR TOWN OF DEATH Randallstown	(IF NOT IN SU	HOSPITAL, NURSII ICHFACILITY, GIVE STREE Ore Count	(ADDRESS)	eral	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Clerical	WORKING LIFE) INDI	KIND OF BUSINESS OR USTRY
24 hour filled in	35	13a. S	AL RESIDENCE (IF NURSING HO STATE Maryland	OME OR OTHER INSTITUTION	136. CITY OR TOV Baltimo	VN	13d. INSIDE CITY LIMITS? YES A NO	13e.STREET ADDRESS / 3939 Rolar	zip code nd Ave.	21211
ed within impletely and 2 sh	3a	14. FA	THER'S NAME Christian	MIDDLE G.	Woppm	ıan	15. MOTHER'S MAIDEN NAME FIRST Mary	MIDDLE E.		Ialloy
con d co	Jo L		VAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRES	S	
	E	and the same of	No	es, one war or pares,	219-18-	2115	Mary Jane Pal	nl 4211 Buck	kingham R	d. 21207
ss that the death connects to executed within 24 has been by the attending property connect completely filled please completely filled.	urial, cremation, or tendor, or other traumatic event,		Conditions, if ony, whice gove rise to immedia couse (0), stating the underlying couse lost	DUE TO, C th te he be cst. (c) (c) (c) (d) (d) (d) (d)	DR AS A CONSEOU Cardra DR AS A CONSEOU	JENCE OF	MOT RELATED TO THE TERM	INAL DISEASE OR CONT	J	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
NG PHYSICIAN: The law requires that attending physician. When this certificate has been signed by as the burial-transit permit. Then please as the burial-transit permit. Then please	sws any injury	CERTIFICATION	19a DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED CAUSES OF DEATH?
CIAN: The physicic physicic physicic contributes all-transit	of 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR	OF INJURY A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR		Y IN ITEM 18 PART I OR	
G PHYSI attending er this ce	ked or #	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TOY	VN COL	UNIY STATE
TTENDIN pital or TOR: Af	21 is ma		22a I certify that (I) (this saw the deceased di above, (I) (we) (did) (c	haspital) attended t	he deceased from.	307	nd that in (my) (our) opinion	to death occurred on the do	te and hour and fr	7_, that (I) (we) lost om the causes stated
At OR A the hass	ate Dept. IT: If Item		22b. SIGNATURE	Com	Tee		ATTENDING PHYSICIAN	MEDICAL STAF		1-25-87
TO HOSPITAL (retained by the TO FUNERAL Ishould be detected)	PORTAN		CHA336M		OTARR	60	22e ADDRESS	o. Goran		متحت
වුණි වූ දි. BP	3 3	23a 8	BURIAL, CREMATION, REMO	23b. DATE 1/29/			EMETERY OR CREMATORY thedral Cem.	23d LOCATION CITY OR TOWN Baltimor	е	Maryland
DHMH - 16 60 (VRA 15,			UNERAL DIRECTOR NAME Alan Seitz	Funeral H	ADDRESS	Polan	77777	N 2 7 1987		GIGNATURE



140962	JAN !	2.4	FOR STATE REGISTRAR	FIRST		DEPART	MENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	003	U U
e m t		(TYPE	CEASED NAME OR PRINT)	FIRST		WIDDLE		AST	20 DATE OF DEATH MON		26. HOUR
poge r deot		3 SE		llis	4 RACE	C.	I S. DATE O	ker	Jan.	15, 1987	7/6 A M
for day		J JL	_				MONT	H OAY YEAR		MONIHS DAY	
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fun fun	C.	10 C	New York		USA 1. NAME OF		WIDOW!	DR OTHER INSTITUTION	Raltimore (OF BUSINESS OR
ofte	6//		AUR SULL	/	(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTR	Υ
ours ours	100		ONSVILLE AL RESIDENCE (IF NURS STATE	ING HOME OF	OTHER INSTITUTION	TE Nursi	E ADMISSION)	ne	Retired	Seli	employed
ND 2	25%	1)		40				136 INSIDE CITY LIMITS?	13e STREET ADDRESS 8614 Chapel	War 2	1042
rlAr thin	ie i		Md . ATHER'S NAME	HOV	ard	Ellico		15 MOTHER'S MAIDEN NA		L view	
AAR d will plet	65/)	Glenn		MIDDLE	Baker		Mabel	Fulcher		AST
Confe	0		WAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRESS		
MO e exe Poge	edi	-	NO NO UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	095-10-5	5398	Mrs Richard Mart	in 8614 Char	nel View.	221043
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAING PHYSICIAN. The low requires that it is certificate ottending physicion fifer this certificate has been signed by it if ing physics st he buriol-transit permit. Then please remove corbion papers	Mentol Hygiene prior to bu	MEDICAL CERTIFICATION	18 CAUSE OF DEAT PART 1. DEATH W Conditions, if ony, gove rise to imm couse (o), stofin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA: 21a, ACCIDENT WAS UNIC OR CONTRIBUTING (FETHER, NOTHEY MEDING) 21d, INJURY OCCURE 21d, INJURY OCCURE	which nediote g the lost. WIFICANT (INNECTION) WERLYING CAUSE OF DEAL EXAMINET	DBY: IE CAUSE (o) DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196 COND 196 COND ANTH HOUR A.	RAS A CONSEOU RAS A CONSEOU ONTRIBUTING TO TO THE TO TH	ENCE OF ENCE OF DEATH BUT OPERATIO	Heart HEART NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCURR 211. LOCATION	20e AUTOPSY? 201 IN YES NO NERD (ENTER NATURE OF INJURY IN	ON GIVEN IN PART b. IF YES, WERE FIND CERTIFYING CAUSI YES ITEM 18 PART 1 OR PART 2:	DINGS USED ES OF DEATH? NO
AL OR ATTENDI the haspital or AL DIRECTOR: A detached for use	ote Dept of Health and II. If Item 21 is marked i	ME	WHILE AT WORK NOT WHAT WORK 270-1 certify that (IV sow the decease above, (I) (we) (c) 27b. SIGNATURE 22d. PHYSICIAN/SIA	of this hospital of the control of t	ital) attended th	20 19	9-	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	272c DAT	-15-87
Bb TO HO	with the Sta		BURIAL, CREMATION, SPECIFY) Burial		23b. DATE Jan. 1	9'87 Me	emoria	SOON'KOL EMETERY OR CREMATORY 11 Park	23d TOCATION Stiv Petersb	ourg Flori	
DHMH - 16 50/ (VRA 15,		In	c 4412 411	arry 2 Old	H Witzk	e & Familia Pike I	y Fur Ellico	eral Home 250 DAT	E REC'D. BY REGISTRAR 256	REGISTRAR'S SIGN	ATURE

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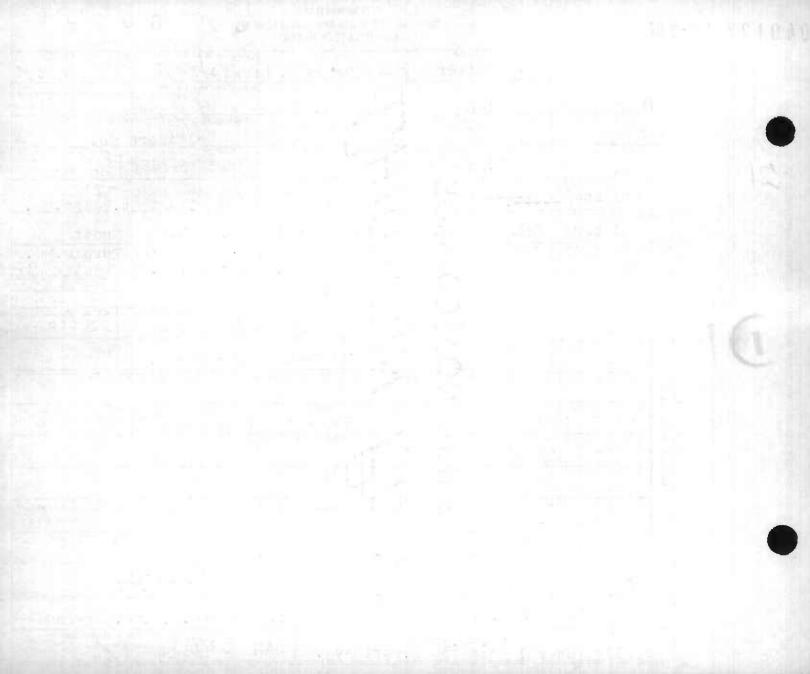
MACLE COLVERNO AND MESONE MACE CONTRACTOR

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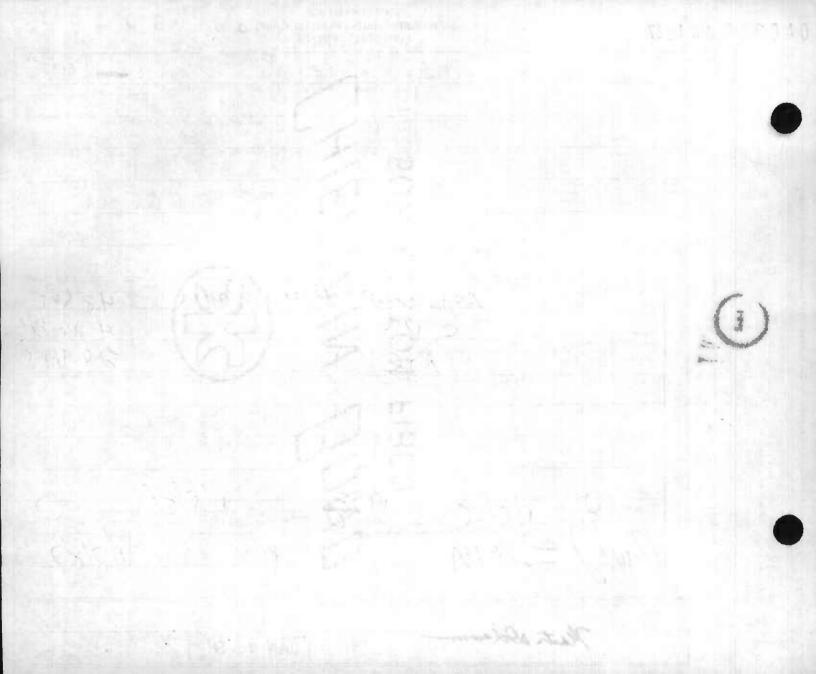
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Laboration Indian State

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) Oliver Ames 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR White Marc BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIEDX Maryland Baltimore WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR Plant Foreman INDUSTRY St. Joseph Hospi Towson Gen Star USUAL RESIDENCE (IF NURSING ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 Slaffryland 21230 13. Hallimore COUNTY 13e STREET ADDRESS / ZIP CODE 136 INSIDE CITY LIMITS? E. West Balto Md 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME John Wilbur Ressie Scott Balderson, Sr Elizabeth ADDRESAlen 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 21061 Burnie.Md. LYES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 19-40-1198 .Balderson.Jr.33 Chester Circl BETWEEN ORSET AND DEATH 18 CAUSE OF DEATH IEnter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY 10 er 19 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 40 cardial Canditians, if any, which gave rise to immediate cause (o), stating the DUE TO. OR AS A CONSEQUENCE OF underlying cause Olo-an PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id CERTIFICATION 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 1.1.87 1.) NO NO IX YES [710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR LIF EITHER NOTIFY MEDICAL EXAMINERS PM 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 0 STREET CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM, ETC 1 NOT WHILE WHILE 22a I certify that (I) (this hospital) attended the deceased fram saw the deceased alive on abave, (I) (wer (did) (ded nat) view the body after death and that in (my) (por) opinian death accurred an the date and hour and fram the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN old be o 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORT 0 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Balto. A. A. Co. Mary land Buria] Jan.6,1987 Cedar Hill Cemt. 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE in dien win foundation Balto.Md, 21230 al Home 130 E.Fort DHMH - 16 60M 7/B4 (VRA 15, 4) Funeral Home



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040385 JAN	P- PATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	I DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 1987 26 HOUR A
age 3	Mary	y Virginia Smi	th Baldwin	Jan.	5 1986 6:55 M
or po	3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
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5 4 5 90	Towson	Multi Purpose	Nursing Home	Secretary	Balto. County
d in b	USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)	13e STREET ADDRESS / ZIP CON	Dog Catcher
AND n 24	Maryland 3	4Ho Baltimo	ore YES EX- NO D	520 Anneslie R	d., 21212
with: with: d 2 sl	14 FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	IAST
W de	John I60 WAS DECEASED EVER IN U.S.	W. Smith	Ida URITY NO. 17 INFORMANT	Louise	Curry
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN The law requires that the determinant be executed within 24 hours offending physician and completely filled in by os the buriol-transit permit. Then please to determine the proof of the buriol-transit permit. Then please to determine the proof of the proof		GIVE WAR OR DATES] 212-40-		ce, 7 Glenellen	Ct., 21204
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O HC eronne ro Fu inhould inhould	Paul Edgar,			rth Dr., 21204	
P 2 P 3 7 3	23a. BURIAL, CREMATION, REMOV.		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	Balto. Md.
BP	Burial 24 FUNERAL DIRECTOR	1/8/87 C	Ch. Cem. 250 PA	F Phoenix E	
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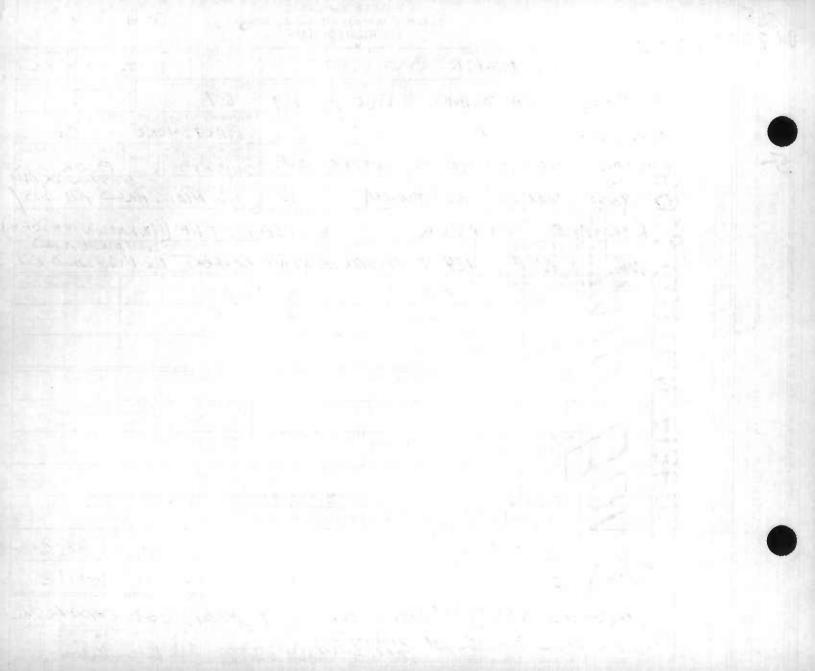


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ge 4 r		Female	White	MONTH	DAY YEAR	98	YRS MONTHS DAYS	HOURS MIN.
4 35 35		RTHPLACE (STATE OR FOREIGN COUNTRY)	Th CITIZEN OF WHAT COUR	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR C		
offer dec	10 C	ary land	11. NAME OF HOSPITAL, N	NURSING HOME OR	OTHER INSTITUTION	120 USUAL OCCUPATION	ORIGING LIFE INDUSTRY	F BUSINESS OF
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liysicio apers movol		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	y ane cause per line for (a), DBY: E CAUSE (o)	Preums	nia			MATE INTERVAL ONSET AND DEATH
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has been si permit The	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	was performed	200 AUTOPSY? 2	OB. IF YES, WERE FINDING CAUSES YES TO	NGS USED OF DEATH?
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TTENDIN pitol or TOR Affor use o of Health		220.1 certify that (I) 11th hospit saw the deceased alive an above, (I) (we) (did) (did) ha	1-5.87	_19and	that in (my) Jour apinion d	eoth occurred on the dote		that (I) (we) la
AL OR A the hoss AL DIREC letached ste Dept.		22b. SIGNATURE	Jouley		GREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	22c. DATE	SIGNED
TO HOSPITAL retained by the TO FUNERAL I should be detained with the State IMPORTANT: If		724 PHYSICIAN'S NAME (TYPE O			22e ADDRESS			22
TO F shoul	230	Keith Manley		1231 NAME OF CEA	Pot Spring AETERY OR CREMATORY	Rd., Timoniu	m, Md. 2109	13
BP		Specify) Burial	1-9-87	Loudon I	Park	Balto.	COUNTY	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	Burial UNERAL DIRECTOR NAME Ruck Towson Fund	ADI	1050 Y	York Rd. 250 DATE	REC'D. BY REGISTRAR 25h	LEGISTRAR'S SIGNATI	URE

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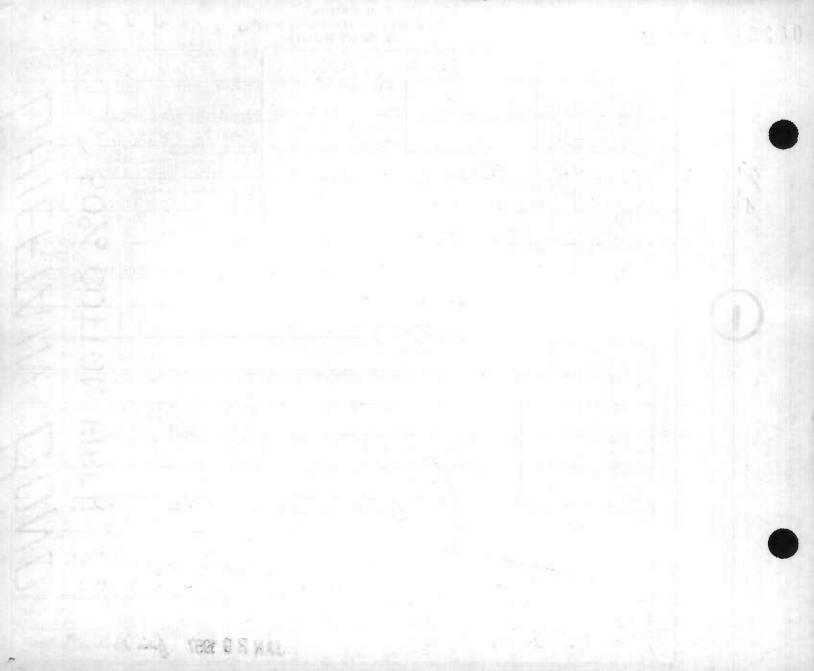
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	oy be oge 3 deoth			PASED NAME FIRST ALICE	E DRAPER E	BANK	ERT	20. DATE OF DEATH	MONTH DAY		26. HOUR 2.10 A M
	ge 4 mo)	1-	3 SEX	EMALE	1. RACE CAUCAS IAN	S. DATE C	DAY YEAR	6 AGE IN YEARS LAST BIR	YRS.	INDER I YEAR	HOURS MIN.
0	eoth. Po	9	7a BI	OUNTRY GORK	16 CITIZEN OF WHAT COUNTRY	/? 8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	BALTII	- published	DEATH	CO. MD.
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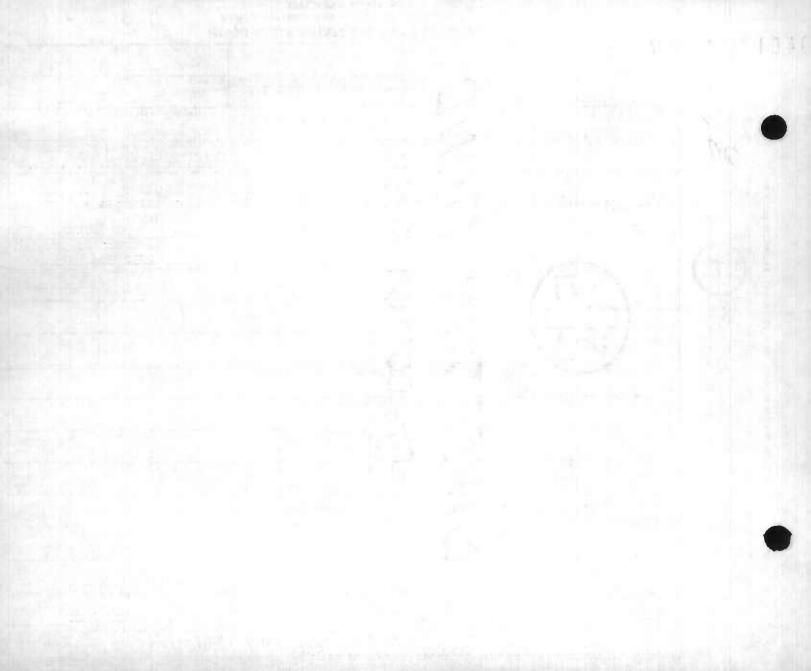


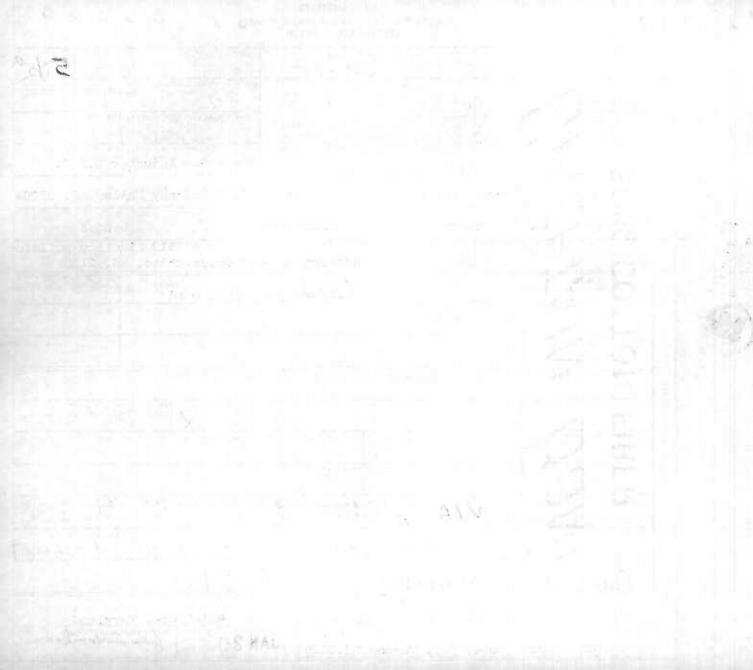
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	0	80 0111	3.58	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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SE SE	A 6.	100		WAS DECEASED EVER IN U.S. AR			BATTIM	DRE, MO, 2/2/6
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DIVISION OF VITAL RECORDS.	and a	200	Z					
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ō	No 4	100			oital) attended the deceased from	1-12- 1087	10 1-25-	19.87 that (1) (we) last
	西日 6	2 1 5		saw the deceased alive on	1-25-19	1279	death occurred on the date and h	
	Note No.	0 t E		22b. SIGNATURE	ot) view the bady after death.	DEGREE		22c DATE SIGNED
	010	E DO		1 An	my white	MD ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1-25-87
		6 b tc		100	1 / />	122e. ADDRESS	DIRECTOR PHYSICIAN A	11-2301
_	10 to	0527	1	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT	ME. ADDRESS		
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	TO HOSPITA retained by TO FUNERA	with the St.	730	RIT	LEPESTRE	BALTIMO	RE COUNTY	GENERAL HOS
		IMPORTAN	230	BURIAL, CREMATION, REMOVAL	DEPESTRE 123b. DATE 123	BALTIMO NAME OF CEMETERY OR CREMATORY	RE COUNTY	GENERAL HOS
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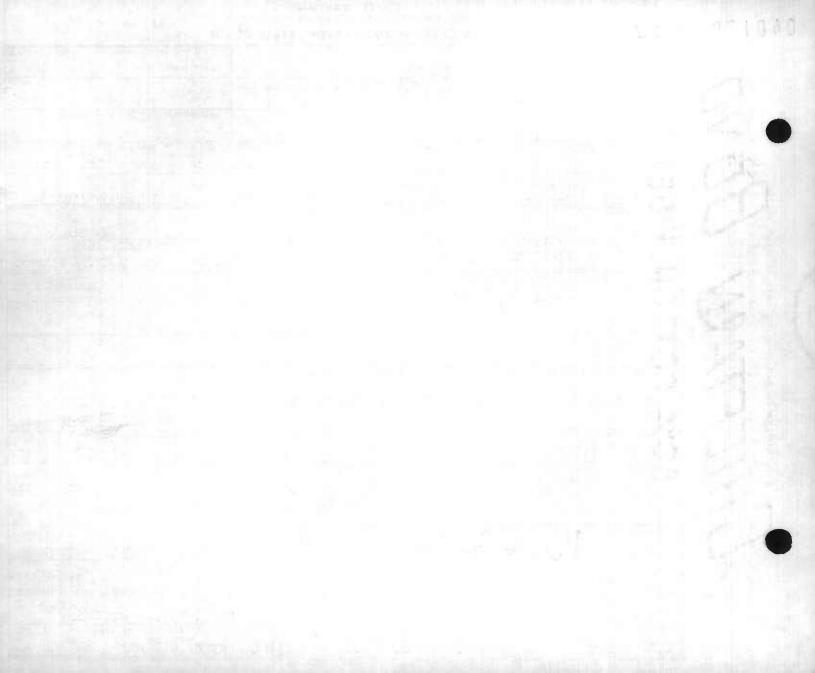


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21010		STATE REGISTRAR					CERTIFICATE		H REG	. NO.		
J40180 JAN-	BR	EASED NAME	FIRST		WIDDLE		LAST	20	DATE KNOWN	нтиом Х	DAY YEAR	2b HOUR
ESARY, PEASE FRAL DIRECTOR. X YOUR FILES. HIIN 72 HOURS		CA	ROLINE		SUSAN		BAUER		DEATH MATED	□ 1 ⁴	1 1987	M
STREET	3 SEX		MOI	TE OF BIRTH	YEAR LA		UNDER 1 YR. IF UND	ER 24 HRS. 2c.	DATE	НТИОМ	DAY YEAR	7:12
TO NO		male White	DE	ot. 1,	Mar Pro-	28 YRS.		0.0	DEAD	1 4	1 1987	7:12 P _M
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25.5	Wa ID CI	shington, D. (J.S.A.	SPITAL NURSING		WED DIVO	II2n USUAL	Saltimor OCCUPATION		2b KIND OF BU	MD.
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WD. 21201 H. IF ANY D. 2. AND 3 (3. RETAIN 2. SHOULD ALL RECORD.)	130. S	LRESIDENCE (IF IN NUMBER) TATE W York	COUNTY	R INSTITUTION, G	13c. CITY OR TO	OWN	13d INSIDE CITY LIMITS YES X NO			Avenue	(10025	9 00
MD. MD. M. 3. W. 3. S.	_	THER'S NAME	MIDD	DIF	LAST		IS MOTHER'S MA		MIDDLE		LAST	
PA PA		Marold			Lackma		Anne		В.		Berry	
M H 5 2 10 5 72	160. V	VAS DECEASED EVER IN L S. NO. OR UNKNOWN) (IF Y	J.S. ARMED F	ORCES?	166. SOCIAL S		17. INFORMANT				;S.Spg.	
3 36 5 E					214-80		Harold La	ackman;F	ather;1	2932 To		
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ZOT IN EXA		lying cause last.		(c)								
DIVISION OF VITAL RECORDS, 201 W. PR E. WRITING THE WORD "PENDING" IN PENCIL RWARDED TO THE CHIEF MEDICAL EXAMINES I: PAGE 3 SHOULD BE USED AS A BURAL-TRAN STATE DEPARTMENT OF HEALTH AND MENTAL STATE OF RIOR TO BURIAL, CREWATION, OR RE	Z	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH	DUT NOT RELATED TO	THE TERMINAL DISE.	ASE OR CONDITION GIVEN IN	PART 1 ig.				
PECONO PE	CERTIFICATION	198. DATE OF OPERATIO	N	196 CONDI	TION FOR WHIC	H OPERATION	WAS PERFORMED?			-	2D. AUTOPSY	,
F VITAL FE SHOUNDED SHOULD BE USE	F			1000							YES X	NO
OF V	# E	210 EXTERNAL CAUSE W	/AS	216 TIME O	FINJURY MONTH DAY	VEAD 21c.	HOW INJURY OCCUR	RED LENTER NATU	RE OF INJURY IN ITE	A 18 PART I OR PAR		
S THE ON THE OWNER OF THE OWNER OWNE	15	CONTRIBUTING CAU	SE OF DEATH	1:30.	1-4-	19 87 Oc	cupant of	train/t	rain co	llision	n.	
DIVISION S CERTIFIC RITING THE REDED TO SER 3 SHOUL E DEPART	MEDICAL	214 INJURY OCCURRED WHILE NOT WH	IIE 1994	STREET, FAC	OF INJURY (AT I		OCATION STREET	CI	TY OR TOWN	COU	NIY	STATE
THIS WRENGE TATE		AT WORK AT WORK	ILE X	railr	oad trac		stern Blvd		hase	Balt	imore	MD
NO. NO.		220 I certify that I too	charge of th	e remoins de	scribed above, he	ld on Auto	eenbank Ro		nquiry .	and in my opi	nion	
MINING THE BELL	1	death resulted from	ryghigh cay	ses .	Accelent X	Suicide	, Homicide	Undeterm	ned monner],		
MARA WAR		ACTUAL	Mel	11	5m		TITLE (SPECIFY)			DATE	1 5 05	,
SEAT SEAT SEAT SEAT SEAT SEAT SEAT SEAT		SIGNATURE		19			M.D. ASSISTE	ant_MEDICA	LEXAMINER	SIGNED	1-5-87	
CUTE OF THE PROPERTY OF THE PR		EXAMINER'S NAME C	harles	P. Ko	kes, M.D		ADDRESS 111	Penn St	., Balt	o., MD	21201	
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. VPAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABLIMORE, MARYMAND, 2	23a.BI	JRIAL, CREMATION, REMO	OVAL 23b. DA	TE	23c. NAME	OF CEMETERY	OR CREMATORY	23d LOCA	TION	COUNT	Y 50	ATE
07/84 BP	Bu	rial	1/	7/87	Beth	David C	emetery	Elmo	nt; L.I	.; New	York	A1C
25M DHMH - 17		NERAL DIRECTOR DAT						E REC'D. BY REC	GISTRAR 256 R	EGISTRAR'S SK	GNATURE	
79 99 (VR A15 HE (5))	1	170 Rockvi	lle P	ike;	Rockvil	le,Md	20852 JA	14.7.	387 July	m Within	N. Kondall	





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		URIE		PHILIP		BAUER	DEATH MA	TED x 1	4 19 87	
3. SE		4 RACE	5 DATE OF BIRT	H 6. AGE (RTHDAY) MOR	UNDER TYR. IF UND	ER 24 HRS. 2c. DATE PRONOUNCED	HTMOM	DAY YEAR	
	ale	White	April 2	23, 1959 2	7YRS.		DEAD	1	5 19 87	3:57
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	ew York		U.S.A.		WIDO	WED DIVO	RCED Baltimo	ore Cour	nty	WE
10. C	ITY OR TOWN	OF DEATH		OSPITAL, NURSING H		THER INSTITUTION	128. USUAL OCCUPATION FOR MOST OF WORKING I		126 KIND OF BE	
C	hase			n Blvd. & (ank Rd.	Attorney	ire)	Law Fi	
SU.	AL RESIDENCE I	IF IN HUSING HOME		GIVE RESIDENCE BEFORE AD	MISSION)	1138. INSIDE CITY LIMITS	13e STREET ADDRESS		99	90
	ew York			New Yor		YES NO		aven	ue (1002	251
	ATHER'S NAME		MIDDLE			15. MOTHER'S MA	IDEN NAME	ara rayon	12002	.91
	Harry		MIDDLE	Bauer		Lore	MIDDLE		Loebel	
16a	WAS DECEASED	EVER IN U.S. AR		166. SOCIAL SECT	JRITY NO.	17. INFORMANT	Ne	WEYork	11516	
	YES, NO, OR UNKNOY	(IF YES, GIVE	WAR OR DATES)	057-42-2	2415	Harry Ba	uer;Father;66			rence
	18. CAUSE OF	DEATH (Enter on	ly one cause per li	ine far (a), (b), and (c).	1				APPROXIMAT	TE INTERVAL
-	PARTIDE	ATH WAS CAUSE	D BY:	Compress		phyzia			BETWEEN ONS	TAND DEATH
	800	IMMEDIA	TE CAUSE (a)	OR AS A CONSEQUEN		011/1110				
1		s, if any, which								
84		e to immediate stating the under-		OR AS A CONSEQUEN	CE OF					
	lying caus	se last.								
MEDICAL CERTIFICATION	PART 2 OTHER SIG	MIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE	TERMINAL DISE	ASE OR CONDITION CIVEN IN	BART 1			
2	100				TEMPLIAL DISE	ASE OR COMMITTON OFFICE IN	TARL TIE			
ATI	19a. DATE OF	OPERATION	19b. CON	DITION FOR WHICH C	PERATION '	WAS PERFORMED?			T20 AUTOPSY	2
IFIC	1								YESX	NO 🗆
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ALC	UNDERLYING	⊠OR IG ☐ CAUSE OF			EAR		train/train			
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E	WHILE AT WORK	NOT WHILE		actory, farm, etc.) Lroad trac}	ra En	STREET	City OF TOWN		timore	STATE
	A. WORK	AT WORK			Gr	stern Blyd eenbank Ro	. &, Chase	Dal	стиоге	MD
	72a. I certify	y that I took charç	ge of the remains o	described obove, held o	n Auto	psy , Inspec	tion . Inquiry	ond in my o	ipinion	
	death resulte	d fram Notu	ral causes .	Accident X	Suicide	, Hamicide	· Undetermined manner	□ .		
	ACTUAL	Was	145-16	1. US-101.		TITLE (SPECIFY)		DATE		
	SIGNATURE_	Mich	Mars 11	M THU	-	M.D. ASSISTA	int. MEDICAL EXAMINER	DATE	ED 1-5-8	7
	EXAMINER'S N		rarita A	. Korell, N	/ D	111	1 Down St D	21+0	MD 2120	1
22- 5	(TYPE OR PRIN						1 Penn St., B	a100., 1	MD 2120	1
	specify) rial	ION, REMOVAL				OR CREMATORY	23d LOCATION CITY OF TOWN	COL		TATE
	UNERAL DIRECT	OR DANGE	1/7/87	Beth Da			Elmont.,L.			
	NAME	THAT AT AT	SKY-GOLL	BERG MEMOR	LAL CI	TAPELS	1		JIGNATURE	
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	1-	FOR STATE		EALTH AND MENTAL	5	0 3 1 0
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PLEASE PLEASE POURS STREET	3. SE	X 4 RACE S. D.	ATE OF BIRTH 6 AGE (IN TEXT		R 24 HRS. 2c. DATE	MONTH DAY YEAR 24 HOUR
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SSARY SALDIR R YOU MIN/72	70. B	IRTHPLACE (STATE OR 76. C	ITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARE	9. BALTIMORE CITY OF	
W 2 7 5 1)		ALTIMORE MA	W.S. A	WIDOWED DIVOR	- 1	= Co
SHARE V	10. C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME,			OF WORK 126 KIND OF BUSINESS OR INDUSTRY
V SALES OF	1	1KESVILLE	904500514	4 DRIVE	UNEMPLOYE	
S ACENTA		AL RESIDENCE (IF IN NURSING HOME OR OTHE TAJE 113b. COUNTY	RINSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	13d INSIDE CITY LIMITS?		
E SAMON		Manual Das	MORE PIKESVILL	YES IN NO	130 STREET ADDRESS	DRIVE 21208
9 70000	14. F	ATHER'S NAME		15 MOTHER'S MAID	DEN NAME	
A RESERVE	1	FURENE BAZE	AST LAST	MARCO	RIET PINIOLE	O C
O SON I	160.	WAS DECEASED EVER IN U.S. ARMED F		NO. 17. INFORMANT	ADDRESS	71208
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S S S S S S S S S S S S S S S S S S S		18 CAUSE OF DEATH (Enter only one	cause per line far (a), (b), and (c),)		3 701724 10 13001	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N ST CHO SWG EBMI ERE		PART I DEATH WAS CAUSED BY: IMMEDIATE CA	Care at 1	ni mode		BETWEEN ONSET AND DEATH
71 ALC		IMMEDIATE CA	DUE TO, OR AS A CONSEQUENCE OF	and the		38415
SEAST SEASON		Canditians, if any, which gave rise to immediate	(6)	-		
* MARKE		cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF			
E EXECUTE OF		lying cause last.	(c)			
8 80 7223		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE TERMIN.	AL DISEASE OR CONDITION GIVEN IN P.	ART 1 : a	
RECORDS LD BE END PENDI MEDICAL MEALTI CREATI	Z					
AL RECONDID BE EDULD	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?
	Ĭ	EUGENINITA				YES D NOT
	1 1	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 P.	
CERTIFICATE TING THE WAS SED TO THE SED TO THE SED SERVIND B SERVI		UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR P.M. 19			
DIVISION S CERTIFIC RITING TH REDED TO E DEPARTU OI PRIOR	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME.	211 LOCATION		
DIVIS THIS CER WARDED WARDED PAGE 3 SI TATE DEP	¥	AT WORK AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
DIN E: THIS C FE, WRIT RWARDI E: PAGE; STATE D					7	
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EXAM CERTIFIC DIRECTOR OIRECTOR WITH		death resulted fram: Natural car	ses Accident L., Suici		Undetermined manner,	
Z S S S S S S S S S S S S S S S S S S S		ACTUAL 7	(Folmo (X)	TITLE (SPECIFY)		DATE 1/1/22
ZER SER	1	SIGNATURE ACCOUNTS	J Carly)1	_ M.D. GROVIY	MEDICAL EXAMINER	SIGNED
W. C.		EXAMINER'S NAME (TYPE OR PRINT)	I Z Followhord	ADDRESS	W F. (1,00)	2 2000
TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE ATTER DEATH, WITH ATTER DEATH, WITH	23a.B	URIAL, CREMATION, REMOVAL 235. DA	123r. NAME OF CEME	ADDRESS TERY OR CREMATORY	23d. LOCATION GITY OR TOWN	-4+W-1
BP	1	BURIAL 1-	6-87 MT ZIAN	CEM	GITY OR TOWN	COUNTY STATE
	24 F	UNERAL DIRECTOR	, ,,,,,,,	250. DATE	REC'D BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE
DHMH - 17 (VR A15 ME (5))	11	MAME 1504 1 P. 1002	777/ (Alania	AVE JA	N 6 1987 guia	Dendern-Randally
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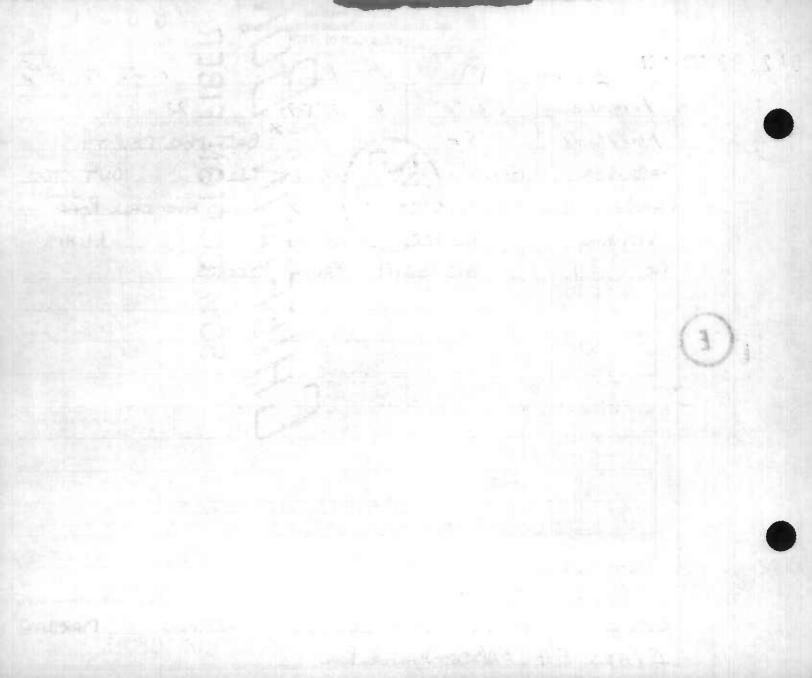
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DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

1 -	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0.	0 .	
DE	GEASED NAME FIRST	MIDDLE	У.	ST	2a DATE OF DEATH	MONTH DAY	YEAR 26	HOUR
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3. SE.	×	4 RACE	5 DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR	MONT		UNDER 24 HRS
	remale	White	4	25 1894	9	2 YRS		
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED	NEVER MARRIED 🅦	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
-	MARVIAND	U.S.A.	WIDOWE		BALTIMOR	s Con	MY	MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		ROTHER INSTITUTION	120 USUAL OCCUPATI		26 KIND OF BU	
51	ARRISON	GARRISON V	Alley	CenTER	CLS RK	1	DEPT S	TORS
130.5	STATE 136 COUR	ROTHER INSTITUTION GIVE RESIDENCE BEF	OWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	al	12374
1	ARYLAND BAI	TIMORE PARKYI	115	YES NO	18720 AV	MAGNO	& KOA	0
4 FA	ATHER'S NAME	MIDDLE LAST	Desta	15. MOTHER'S MAIDEN NAM	ME		1457	
	LONRAD	Backs	R	CATHERIN			Min	m
	WAS DECEASED EVER IN U.S. AR		CURITY NO.	17 INFORMANT	ADDRE	SS		
0		VE WAR OR DATES) 215 03	52117	FAMILY F	RECOROS			
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for 101, 16	and ic	1. 11			APPROXIMATI	E INTERVAL T AND DEATH
		TE CAUSE (o)	yo ea	sdial In	farchan		IMME	DIATE
		DUE TO, OR AS A CONSEC	DUENCE OF					
	Conditions, if ony, which	(b)	2021102 01	ASCIN			MAN	y years
	gave rise to immediate couse (a), stating the							
	underlying couse last.	DUE TO, OR AS A CONSEC	JUENCE OF					
	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING T	O DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART 1:0	
N Q	/	Ashewer.	s Ar	ican,	IN AL DISEASE ON CON	DINOIN GIVEIN	IN FART TO	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WI	ERE FINDINGS	USED
Ĕ	Figure 100 con				YES TI NOT	YES T	G CAUSES OF	DEATH?
ER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURE		_	-	
	OR CONTRIBUTING CAUSE OF DE			Marchael Proces				
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 21e. PLACE OF INJURY	19	211 LOCATION				
ME	WHILE TO NOT WHILE TO	(AT HOME STREET, FACTORY, OFFIC	CE FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WORK		0	100	1-7-	1	07	
	220. I certity that (I) (this haspi saw the deceased alive on	ital) attended the deceased from		19 80	, to	19.6		(I) (we) lost
	obove, (1) (we) (did) (did no	ot view the body ofter death		d that in (my) (our) opinion o	death occurred on the de	ote and hour and		
	226. SIGNATURE	1		DEGREE	forces con		22c DATE SIG	NED
	7 0001	CON	W.	ATTENDING PHYSICIAN	MEDICAL STAT	IAN 🗆	1-1	-8-87
	274 PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS	0 1111	. 10	1	11-
	SHAUKAT	y.KItAN		1528 KIN	a WILLI	9M DK	IVE, h.	ALCO, MAD
	BURIAL, CREMATION, REMOVAL	. 23b DATE 23	NAME OF CE	METERY OR CREMATORY	23d. LOCATION			1118
B	ISPECIFY	1-29-1987 1	1024 R	SOSSMSR	BALLIN	RE.	MAG	24/200
24 FU	UNERAL DIRECTOR		1-1-1	250 DAI	B 3 BY REGISTRAR		SSIGNATURE	18-11-11
-	EVANS F. H	1. DAR SOM	ADE A	o Roso FE	BO 1987	Autin Di	ivideon. Ro	include
		- W-09(1)	11-11/1-016	0 101-0				



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE REGISTRAR CERTIFICATE OF DEATH I. DECEASED NAME MIDDLE 2n DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Mary Frances Beckman 40 January 4, 1987 4 RACE 3 SEX 5 DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHDAY) IF UNDER TYEAR Female Jan. 21, 1901 White TO BIRTHPLACE ISTATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Bayrd. W. Va. Baltimore County USA WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Middle River 21220 (16 NOT 10322 LIT BIT OF RIVER Rd. Home Housewife ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 10322 Bird River Rd. 130 Maryland 13Middle WRiver 13d INSIDE CITY LIMITS? 21220 NO TA 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME William Kitzmiller Emily Bosley **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES TO OR UNKNOWN) 215 28 9328 Donald E. Beckman. Son Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for rat, (b) and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF arteres a leines Gen. Year Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 1974 27a I certify that (1) (this hospital) attemded the deceased from and that in (my) (aur) apinion death occurred on the date and hour and fram the causes stated saw the deceased alive on_ obove (ligwe) (did) (did nat) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 274. PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS R. S. MAGNO 2811

DHMH - 16 60M 7/84

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old be

orked

(VRA 15, 4)

1/8/87 24 FLYDERALDIRECTOR Funeral Home P.A. 1407 Old Eastern

230 BURIAL, CREMATION, REMOVAL

Burial

23c NAME OF CEMETERY OR CREMATORY Pleasant Valley

Oakland, Md.

STATE

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Ser Frances House 1557 Fernic Wite Sun. 21, 1901 85 187.19 7,50,00 -10 15.0 Fidule Higgs 2110 10922 Ind Days at Dusswith District OSSES .5% taves best assess as the second and albhab encentre. Idelyta galliesti, metilia valace ville netwi 1/5/87 closcent velley -arlend, ed. [2.5] ave mades of the war as a second of the barrensymic

DHMH - 16 60M 7 114 (VRA 15, 4)

24 FUNERAL DIRECTOR

1-13-87

New Cathedral

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

Baltimore, Maryland

250 DATE REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE

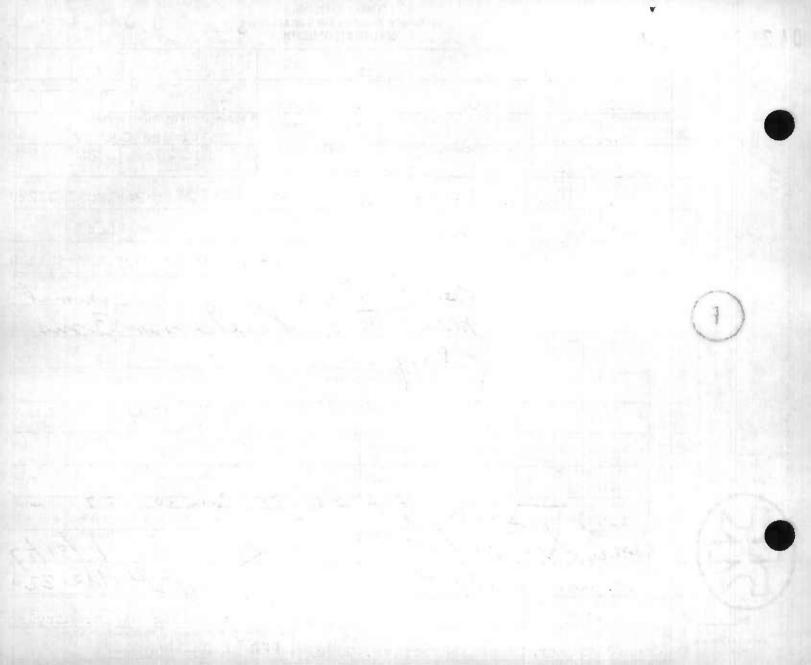
appl 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE

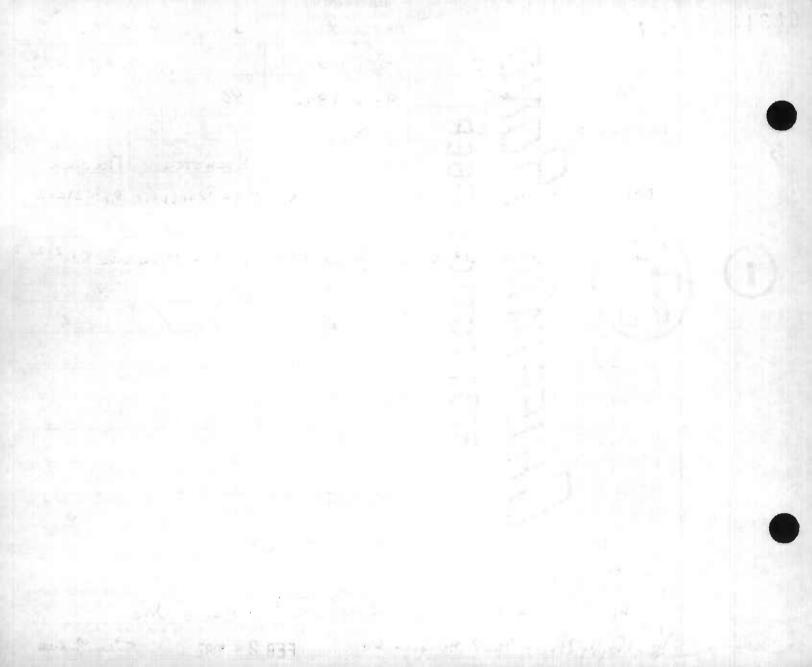
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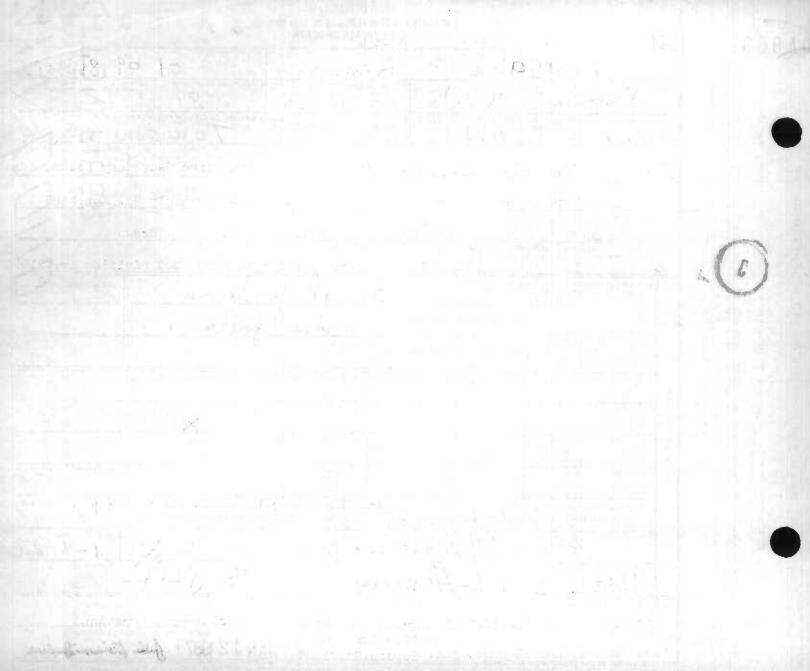
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04	2999 FI	EB -		FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL HY	GIENS /	0 0) 5	
				CEASED NAME F	IRST.		MIDDLE		AST	26. DATE OF DEATH		DAY YEAR	2b. HOUR
	2 25		[I TPE		hony		1	Bennet	t	January	30 1	987	M
	E 8.3		1.5€			RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
-	age 4	1		Male		Whit		Jan		76	YRS.	MONTHS DAYS	HOURS MIN.
	2 32	E		RTHPLACE (STATE OR FORE	IGN 7b.	CITIZEN OF	WHAT COUNT	RY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
		9		Maryland		II	SA	WIDOWE	D DNORCED	Baltir	nore (County	MD.
= 1		0		iddleRiver	11.	(IF NOT IN SU	CH FACILITY, GIVE ST	INEET ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND C INDUSTRY	OF BUSINESS OR
2/	0 5 5 6		USU.	AT DESTDENICE HENLIPSING	MOME OF OTH	ED INICITIZATION	GIVE RESIDENCE BE			, outpoil			
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MA	i id.	50		John			Benne	tt	Mary	Middle	Per	kner	
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IAL.	of the state of			18 CAUSE OF DEATH IE PART I. DEATH WAS	nter anly a	ne couse pe	phopolal, (b)	one e	111			BETWEEN	MAYE INTERVAL
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Z.	0 0 0)				DUE TO Q	Our de duise	QUENCE OF	1	nn		-7	
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3	to the part of				ast.	0	Lu						
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ORD	A THE P		110										
REC	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	4	FICA	90 DATE OF OPERATION	4	196. COND	ITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN	OF DEATH?
TAL	40 416	4	CERTI	210. ACCIDENT WAS UNDERLY	UNC C	21b. TIME C	NE INTUIDY		In Householder	YES NO		s 🗆	NO 🗆
5	A P B B E	9	0	OR CONTRIBUTING CAUS			M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	ART I OR PART 2)	
o z	S & part of the	/	HCA.	(IF EITHER NOTIFY MEDICALE			.М.	19					
Sio	The state of the s		MED	21d. INJURY OCCURRED		21e PLACE	OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
DIV.	NG Indiana			AT WORK AT WORK				7 0					
	S 2 4 5 5 5			22a 1 certify that (1) (thi					2 19 6	12 tem	30		that (1) (ma) last
	AAT AAT A CO O CO O CO O CO O CO O CO O	10		saw the deceased above, (I) (w) (did)	(did nat), vii	ew the bady	after death.		nd that in (my) (ouc) apinion	death accorded an the c	late and hour		
	Sa Sagar			22b. SIGNATURE	Y.		1/4	-	DEGREE	AMEDICAL STA	EE	22c. DATE	SIGNED
100	EAL det	_		tolux	XN	MA	1/9/	1/		MEDICAL STA	CIAN	//	31/87
	HOSP HOSP HOSP HOSP HOSP ORTA	/		22d. PHYSICIAN'S NAME			1.10		22e ADDRESS		2/11	11/2	177
	HO H	1		Dr. Loui	s Se	meno	ff'		2108 Oren	s Road //-	alt	11/2	1660
	EI HAVE			URIAL, CREMATION, REM	AOVAL 2	3b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
	BP			Burial		2/2/	/87	Garden	s of Faith	Rossvil			Maryland
	DHMH - 16 50M 4/8	2		INERAL DIRECTOR			ADDRE	SS	25a. DA	TE REC'D. BY REGISTRAF	25b. REGISTE	RAR'S SIGNAT	URE
	(VRA 15, 4)		C	onnellyFun	eral	Home	300Ma	ceAve.	21221 FE	B 4 1087	Anlia 1	Time y	2



	1			STATE OF MARYLAND				
43149 FEB	15	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 / NO S			
demits be	111m	CEASED NAME FIRST	Y O-	BENNY	20 DATE OF DEATH MONTH / DI	1/87 5 AM		
nge 4 mo	1.56	M	4 RACE	5. DATE OF BIRTH MONTH DAY 9-16-1896	90 YRS	FUNDER) YEAR IF UNDER 21 HRS ONTHS DAYS HOURS MIN.		
1135	1	STATE OR FOREIGN AARYLAND	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or County C	MD.		
3 190	1	Bulto	Mason F	Sord NH.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	176. KIND OF BUSINESS OR INDUSTRY PRODUCE		
135	The .		NTY 136 CITY OR T	TO. YES NO X	130 STREET ADDRESS / ZIP CODE	RD. 21222		
103	1	ROBERT	BENNY		RA MOORE	LAST		
(T) /		WAS DECEASED EVER IN U.S. AR	MED FORCES? (FE WAR OR DATES) 218-10	11400	my-1914 Manso	dole Rd. 21222		
		PART I. DEATH WAS CAUSE	nly one cause per line for the D BY: TE CAUSE (a)	and it		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
by the attendance corp. It comments on other traumatic	X	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	emovel Que	forCorre	weeks		
repoires 1 har ple to burn niury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART I a		
the bear	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO.	WERE FINDINGS USED ING CAUSES OF DEATH?		
CLAN T	100	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT I OR PART 2)		
otherside otherside to the by hand Marked or h	MEDICAL	21d INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFI	CE FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
MENOR or CTOR. A for vite 1 at Health 121 is me		220 certify that (1) (this hasp saw the deceased alive an abave (4) (we) (did) (did no			death accurred an the date and hour	9_87, that (I) (we) last and from the causes stated		
At Of A the hor At DRE- deroched one Dept of if her		oseph	G. Ousland	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR: PHYSICIAN	27¢ DATE SIGNED		
O HOSFIT figured by O FLINER hould be of		SOSEPH	OUSLANDS	27e ADDRESS				
BP		SPECIFY BURIAL	23b. DATE 2-2-87	HOLY REDEEMER	133d LOCATION BALTO, MD	COUNTY STATE		
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR.	- 7527 HON		TE REC'D BY REGISTRAR 256 REGISTR.	AR'S SIGNATURE		



1				STATE OF MARYLAND		
10632 IN	1 14	FOR STATE REGISTRAR MARY	DEPART	MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH BENSON	REG. NO.	00010
POOSE OU		DECEASED NAME A FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oy be	1	TYPE OR PRINT) Mar	yalice	Benson	0	09 8 11:55 PM
you a	3	SEX C	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		temale	www	US 26 US		rrs.
Pod Page	70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COL	JNTY OF DEATH
the off	01	MARYLAND	USA	WIDOWED DOORCED	Tow.	Son Balto Comp
in we for	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
2 2 20 20	5	TOWSON MD	ST JOSEP	11 2 21		cretary Balto. Sun
212 d in be d	- U	SUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFOR		13e.STREET ADDRESS / ZIP	CODE 2/204
2 2 3)		timore Towson	YES NO X		y Rd. Apt.1305
A 1	2 14	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
MA 2/3/-4/)	Thomas	Benso		Brown	
RE.	16	WAS DECEASED EVER IN U.S. AR		URITY NO. 17 INFORMANT	C. ADDRESS	
BALTIMORE, MARYLAND CENTRAL CHROSENIN 24 CENTRAL CHROSENIN SINGUIA THE MEDICAL CONTROL CONTROL THE MEDICAL CON		(YES, NO OR UNKNOWN) (IF YES, GI	215-03-	3869 Mrs. Barbar	a W. Shaw 222	Division Ave. 21093
A CONTRACTOR	=		nly one couse per line for (a), (b), or		N .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
B. 1		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (o)	Kenal A	ailure	
Z Cert		IMMEDIA	DUE TO, OR AS A CONSEQU	IENICE OF O	1 - 1	
STO eoth trenc ve co on, o		Conditions, if any, which	((b)	Cardiac	houles	
W. PRESTON of the death of the offendin is remove corb cremotion, or other froumotic		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF	V	
		underlying couse lost	DOE TO, OK AS A CONSEGO	ENCE OF		No.
201 ned b npleo uriot,		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low required there has been signed that this certificate hermal. Then the ond Mental Hygiene prior to be orked or them 18 shows any injury orked or them 18 shows any injury.	1	5				
bee mit.	1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
hos hos	$\times \mathbb{I}$	É			YES NO	YES NO
VITA ysicii cote onsil Hygi	5	21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
SKCIAr ng ph certifu riol-tr entol t	7	OR CONTRIBUTING CAUSE OF DE		19		
ON HAS CE Burn Anna Con the Co		(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR FOWN	COUNTY STATE
VISI G Pl ond ond ked	- 1	WHILE NOT WHILE O	(AT HOME STREET, FACTORY, OFFICE,	FARM ETC) SIREE!	CHTOKTOWN	3141
DIN OT Aft			ital) attended the deceased from.	1- 7 19 8	7,10 1-9	-, 19 97, that (I) (we) lost
TOR TOR for to of He		sow the deceased alive or	1-2-19	87, and that in (my) (our) opinion	death occurred on the date on	d hour and from the causes stated
R A Hosp		276 SIGNATURE	C (11 4/-	DEGREE		22c. DATE SIGNED
the Detacle		du	3 M DOM	Ma N ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	V 1-9-27
HOSPITAL inned by the FUNERAL old be detected of the Store ORTANT. H	7	22d. PHYSICIAN'S NAME (TYPE	OR PRINTY ,	22e ADDRESS	- TI	
TO HOSPIT. TO FUNER, should be diving the Ste		Hdel !	R. FI-He	nnawu	DIH	—
TO F Should With IMPO	7	30. BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP	1	(SPECIFY) Burial			CITY OR TOWN	COUNTY STATE
Ur.	2	FUNERAL DIRECTOR		oudon Park Cem.	Baltimore, TE REC'D. BY REGISTRAR 256. R	
DHMH - 16 60M 7/8 (VRA 15, 4)		NAME	ADDRESS -	1050 York Road	AN 1 2 1987 /	his Tinger Deles
(VIA 13, 4)		Ruck Towson Fune	Tal nome, Inc.	rowson, Md. 21204 U	7	District Annual Property of the Party of the



(VRA 15, 4)

Carlos Laker of the said of th limb mi the state of the s Oracle of mallant Access 6 59 Feb 25 32 33 Marie Committee
DHMH - 16 60M 7/84 (VRA 15, 4) Leomard J. Ruck Inc. Baltimore, Maryland

250 DATE RECT OF THE BOAR 250 REGISTRAR'S SIGNATURE

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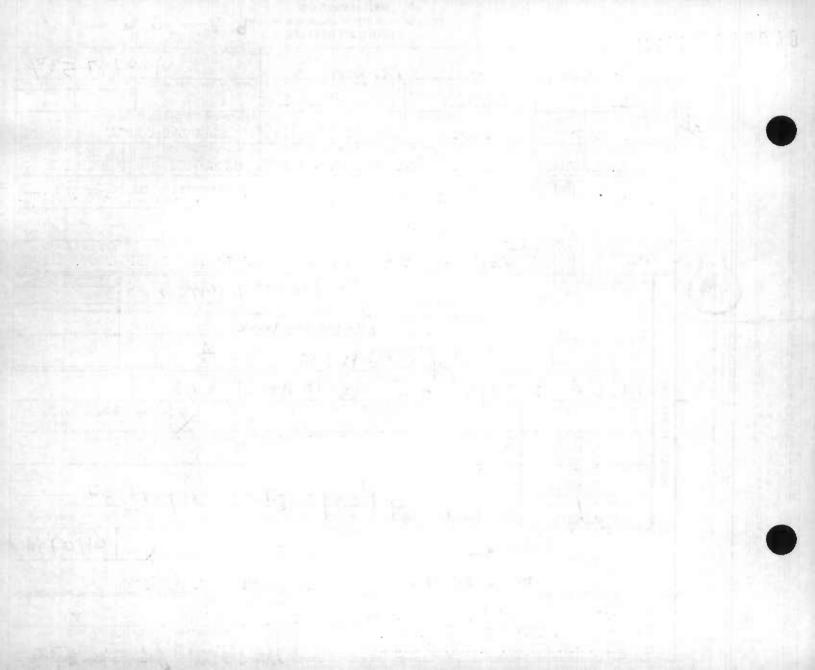
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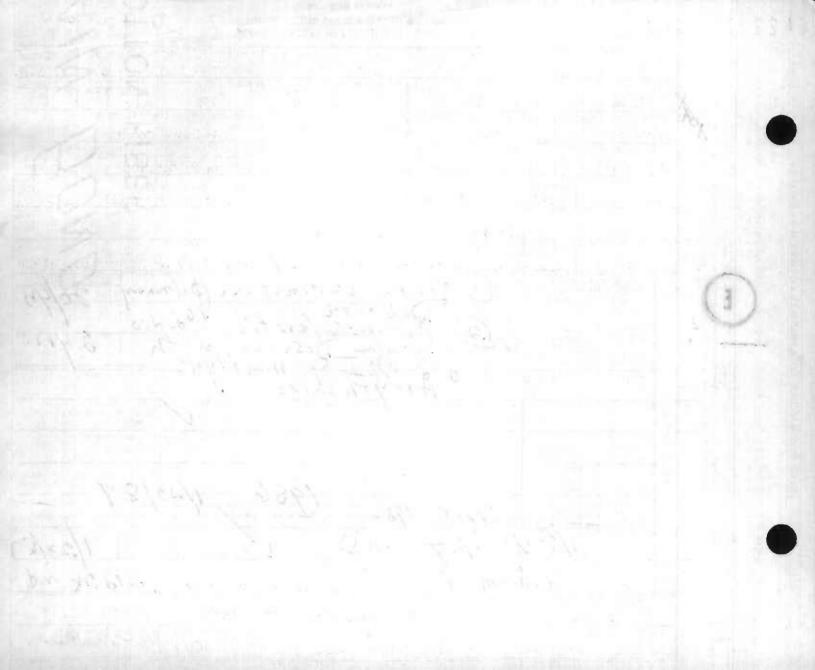
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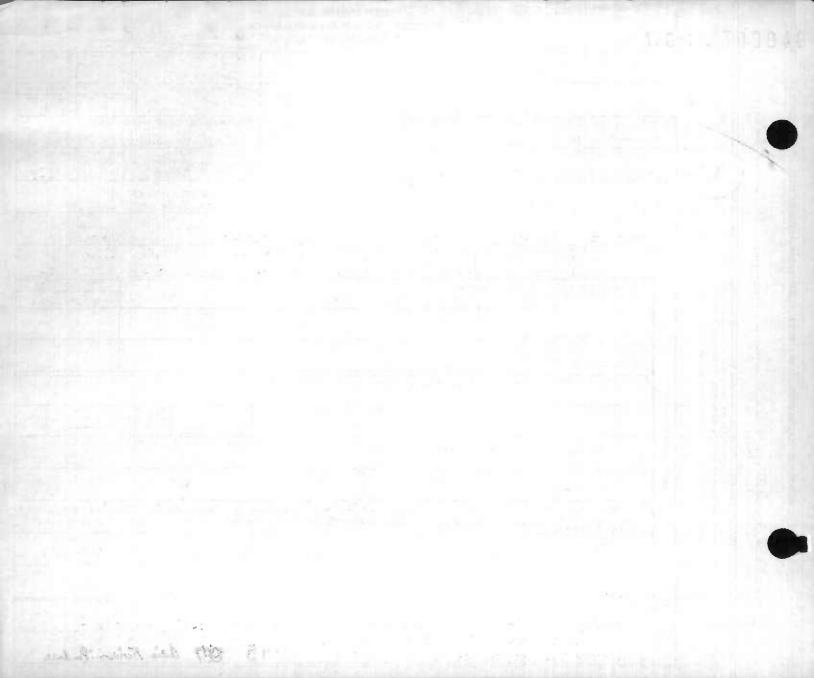
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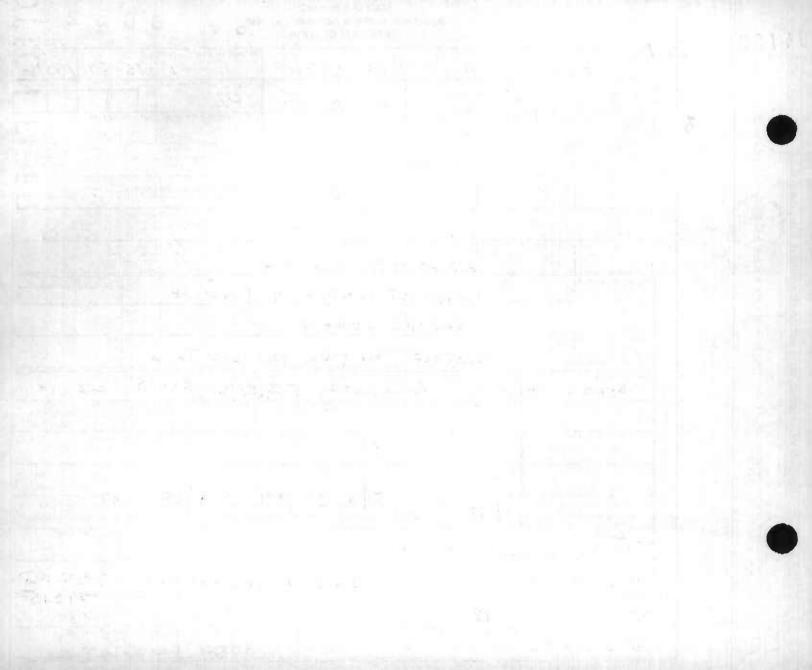
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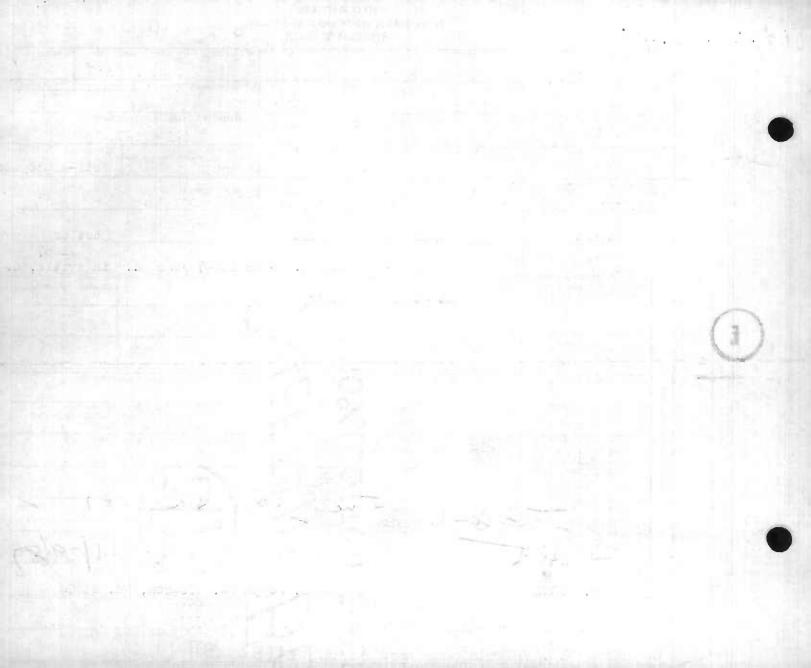




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JAN JUDEGEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH	0 0 0 2 4
The part of pearl	5:51 P.M
(TYPE OR PRINT) KOSE H. BERNSTEIN 3. SEX. I RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAS	1-15-87 /551 pm
TEMALE W HITE MONTH 2 - 15 - 00 86	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS
	Y OR COUNTY OF DEATH
RUSSIA USA WDOWSX DMORCED BALTI	IMORE COUNTY MD.
RANDALLSTOWN BALTIMORE COUNTY GEN. HOSP. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OHOUSE)	
DSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) WARYLAND 136 STREET APOTE 130 STREET APOTE 15. MOTHER'S NAME FIRST MIDDLE THOMAS VARSUBSKY HILDA	SFORDSOLA. #21215
FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE AND FIRST MIDDLE	
THOMAS VARSUBSKY HILDA	POTLUCK
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT MR. MARVÎN	N ^R BERNSTEIN
₹ 2/6-20-880-45 COOL SPRING CT. LUT	THERVILLE, MD 21093
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) CARDIO PULHONANY FAILURE IMMEDIATE CAUSE (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
5 6 6 9 9	
Canditions, if any, which	
Guidinants, if any, which to be a simple of the stating the underlying cause last to the underlying cau	TACH
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR C	
AO FIC STENDESS, PINNONARY FIRESS	ASOUP, ANEW IA
AD TIC STENDS S PULL NAME OF INJURY 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPS 7 YES NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 210. HOW INJURY OCCURRED (ENTER NATURE OF)	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
VES NOL	INJURY IN ITEM 18 PART I OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
MMILE □ NOT NOT TO CITY OF STREET, FACTORY, OFFICE, FARM ETC.) STREET CITY OF	OR TOWN COUNTY STATE
220.1 certify that (1) (this haspital) attended the deceased fram	15 , 19.87 , that (I) (we) last
saw the deceased alive an above, (1) (we) (did) (did not: view the body after death. 22b. SIGNATURE DEGREE	e date and have and fram the causes stated
22b. SIGNATURE DEGREE	22c. DATE SIGNED
	STAFF YSICIAN 1/16/87
ATTENDING MILLIONE	
PHYSICIAN DIRECTOR PHY	DERE. BARDINA
PHYSICIAN DIRECTOR PHY THE DESCRIPTION OF THE CONTROL OF THE CONT	425
PHYSICIAN DIRECTOR PHY THE BOTH OF THE STREET OF THE STRE	425



012010 652		FOR STATE			DEPARTA	AENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	3 /	0 0	3 8	2 3
U 4 2 8 4 0 FEB.	10.1	REGISTRAR CEASED NAME FIR	RST		WIDDLE		AST	REG. NO	MONTH DAY	YEAR	26 HOUR
oy be oge 3 death	(TYP)	OR PRINT)	lph	R	Re	ver		Ja	an. 21,	1987	M
pod pod	3 SE			RACE	• DC	5. DATE C		& AGE (IN YEARS LAST BIRTI		NDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
s oft		Male		Wh	ite	9	11 1909	77	YRS.	HS DATS	HOURS MIN.
nerol direction of the control of th		IRTHPLACE ISTATE OR FOREIG		U.S.A	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O Balt	rcounty of		MD.
1010		inasville	11	(IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVESTREET MONT Rd.		DR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF GROCIET		NDUSTRY	BUSINESS OR Employee
24 hours	USU 13e.	AL RESIDENCE (IF NURSING F	COUNTY	HER INSTITUTION		N	134 INSIDE CITY LIMITS?	130. STREET ADDRESS 11607 Mohr	rd. 2	1881	7
MARYLA mpletely ond 2 sh		ATHER'S NAME FIRST August	MIDI		Beyer		15. MOTHER'S MAIDEN NA FIRST Bertha	ME		Stet]	
MORE, A	160.	WAS DECEASED EVER IN L	J.S. ARME YES, GIVE WA	D FORCES? AR OR DATES)			17. INFORMANT Emma G. Bey	ADDRE er 11607 Mo		- 2	21087
for request that death there igned by the death term. The place con- toner to but all year	FICATION	underlying cause li	ate the ast. CANT COI	(b)_ DUE TO, C (c)_ NDITIONS C		ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN		
a de		THE DATE OF CHEMICA						YES T NOT	IN CERTIFYIN		OF DEATH?
DIVISION OF VITA NG PHYSICIAN Th attending physicia ther this cardicate on the turnicity and thy are the and Mental try are acked on them, 48 sho	DICAL CERT	216. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL EX	E OF DEATH	HOUR A	OF INJURY A.M. MONTH D. P.M.	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR			
DIVISION OF PROPERTY OF CHEMICAL THE CONTROL OF THE CHEMICAL THE CHEMI	M	WHILE NOT WHILE AT WORK 22a I certify that (I) (the			he deceased from	ARM, ETC.)	STREET 10 8 G	CITY OR TOW	19_	COUNTY	STATE
LOR ATTEN the hospital to Directory to Directory m Dept of Hem 23 is		saw the deceased a obave, (1) (we) (did	live on /	(a)	1 10	, o	nd that in (my) (and apinian DEGREE ATTENDING PHYSICIAN [MEDICAL STAI	:F	22c. DAJES	
HOSPILL bined by FUNER onlid be d the fire Sin	1	22d PHYSICIAN'S NAME Dr. Hi		RINT)			22e. ADDRESS 300 E. Jop	MILLONGE	son, Md	. 2120	04
5 € 5 € £ ₹	23a	BURIAL, CREMATION, REA		236. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		INTY	STATE
BP		Burial		1-24-	-1987 M	rela	nd Mem. Pk.	Parkville	Balt	0.	Md,
DHMH - 16 25M (VR A 15 (4)) 9/74	24 F	UNERAL DIRECTOR	н 11:	750Re1	ADDRESS	aevil	1e Md 2108FF	R 3 1987	251 REGISTRA	S 9 IGNATI	JRE



STATE OF MARYLAND

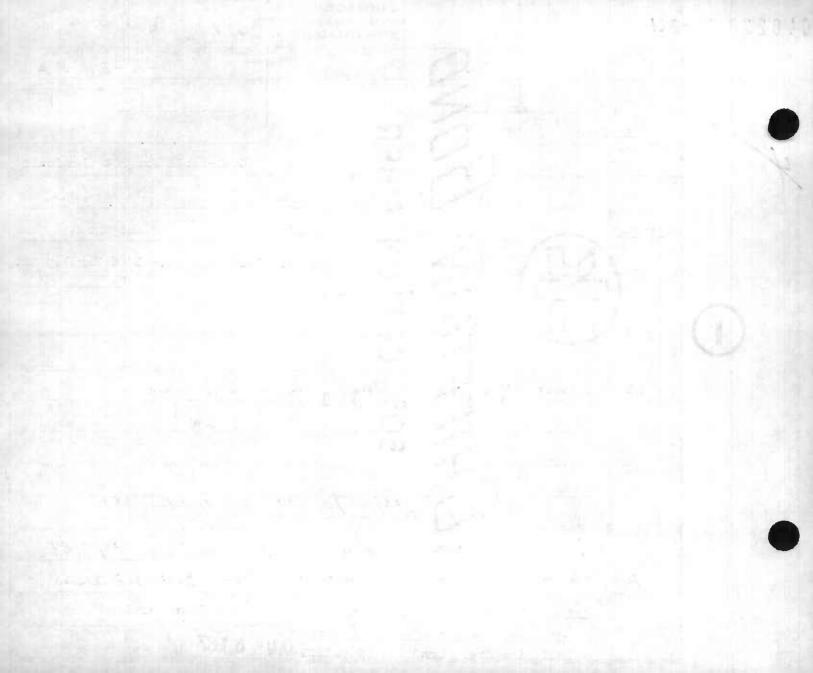
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

п		REGISTRAR				CERTIF	ICATE OF D	EAIN		REG. NO	D.			
1		CEASED NAME	FIRST		MIDDLE	l.	AST		20 DATE OF	DEATH	HTMOM	DAY YEAR	26 HO	UR
1	(TYPE	OR PRINT)	RIE		D.	BL	ACKBURI	V			1-	1-87	8	AM
1	3 SEX	(4. RACE		5. DATE C			6. AGE INY	EARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDE	R 24 HRS
1		FEMALE		Se W	nite	10-	-03-	1901	85		YRS	MONTHS	HOURS	MIN.
-		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8	D NEVERA	ADDIED [9 BALTIMO	RE CITY OF	R COUNTY	OF DEATH	May 1	
		Michiga		USA		WIDOWE	DX DI	ORCED	1776	BALTO				MD.
١	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSING THE ACTUAL TO STREET		OR OTHER INST	ITUTION	12a USUAL	OCCUPATION FOR MOST OF	ON WORKING LIF	126 KIND C	F BUSIN	IESS OR
4		Dundalk			n Nrs Cti		tage		C001	K-Reac	is Dri	igs & C	пешт	cars
1	13a. S	AL RESIDENCE (IF NURS	13b COUN	OTHER INSTITUTION ITY	13, CITY OR TOW D undal	ADMISSION)	13d. INSIDE C		13e STREET	ADDRESS /	ZIP CODE	4-4-		
2		MD	BA	LTO	D undal	K	YES 🗌		7232 G	erman	Hill	Rd. 2	21222	2
J	14. FA	THER'S NAME		MIDDLE	LAST			MAIDEN NA	ME	WIDDLE		LA!	ξT	
).	Wi	lliam			Deferer			herine				Not Kno	wn	
П		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMA	NT		ADDRE				
1		NO	4-2		216-09-14	71	Mauri	ce S. I	Blackb	urn,	Jr. 3	3405 Ya		-
1		18 CAUSE OF DEAT										BETWEEN	ONSET AN	ERVAL ID DE ATH
1	4	PARTI. DEATH VI		E CAUSE (o)	CARDI	7-	ARR	651						
		THE STATE OF		DUE TO, O	R AS A CONSEQUE	ENCE OF						100		
		Conditions, if any gove rise to imi		(b)	A.S. a.V.	D				7117	100			
		cause (a), statu	ng the	DUE TO, O	R AS A CONSEQUE	ENCE OF								
		underlying couse		(c)			1							
	z	PART 2 OTHER SIGI	NIFICANT	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT		TO THE TERM		FORCONE		EN IN PART 1	0	
	TIO	190 DATE OF OPERA	TION	10h COND	ITION FOR WHICH	OPERATIO	Harring		200 AUT	4		, WERE FINDI	NGS HS	50
)	CERTIFICATION	TYG DATE OF OPERA	11014	178 COND	FION FOR WHICH	OFERATIO	WAS FERIO	KMED			IN CERTIF	YING CAUSES	OF DEA	ATH?
Y	EET	21a. ACCIDENT WAS UN	DERLYING T	21b. TIME C	VE IN ILIBY		121r HOW IN	JURY OCCURE	YES	NO E		S DEPART 2)	NO	
9	(20)	OR CONTRIBUTING	_	1	M. MONTH D	AY YEAR	21101101111	JOK! OCCOM	KED (ENIEK NA	TORE OF INJUR	IT IN TIEM TO P	ARI (OR PARI 2)		
1.	MEDICAL	(IF EITHER NOTIFY MEDI			M.	19	21f LOCATIO	NN.						
	WED	WHILE NOT WE		21e PLACE	REET, FACTORY, OFFICE F	ARM, ETC)	STREET	714		CITY OR TOV	WN	COUNTY		STATE
		AT WORK AT WO	ORK -			037	361	. 873		17 7	-			
		220.1 certify that (1) saw the deceas		3 0 /	30 / 19 C	- 7	nd that in (my)	(our) apinian	death accurre	ed on the do	ate and hou		that (1)	
	1	abave, (1) (we) (did) (did na) view the bady			DEGREE	(our, opinion	deam occurre	dan me de	are and nac	22c. DATE		
		120. SIGNATURE	Mer	men	ans			TTENDING PHYSICIAN	MEDICAL	STAF	F	01/0	1/8:	7
-		22d. PHYSICIAN'S N	AME (TYPE O				720 ADDRES	S	DIRECTOR	PHISIC	IAN		, ,	
		K.D	HAR	MAS	ENA		db 8	, 16th	AVE	· Ba	ef. 1	ud as	تحد	-
		BURIAL, CREMATION,	REMOVAL	236 DATE			EMETERY OR	REMATORY	23d LOC	ATION		- 30mm - 7		/1416
	1	Buri Buri		1-5-8		Woodl				odlaw.				STATE
	24 FL	UNERAL DIRECTOR	Duda	-Ruck F	uneral	me of	Dunda	Lk 25a. DAT	TE REC'D. BY	EGISTRAR	256, REGIST	RAR'S SIGNA	TURE	
		MAME	7022	LTi a 7	Dune	1-11	MD 213	ALCCC	1 6 1	987	Gulia	Develous.	Lundo	U.S.

7922 Wise Ave. Dundalk, MD 21222 JAN

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



43104	FEB -	5 8	FOR STATE REGISTRAR		DEPAR	TMENT OF H	EALTH AND	MENTAL HYG	SIENE	/ REG.	0	0	3	2	3
	1 3		CEASED NAME FIRST	1	MIDDLE	ŧ	AST		20. DATE	OF DE ATH	MONTH	DAY	YEAR	2b HO	JR
nay be page 3	/	TITE	William		P	Bla	ckburn	Jr.			Jan.	29	87	2:55	PM
(ou od		3. SE	(4 RACE		S. DATE C		WEAD	6. AGE (IF	YEARS LAST	SRIHDAY)	MONTHS	DAYS	IF UNDE	R 24 HRS
ge 4	X		Male	W	hite	July	12	1923		63	YRS	MORTHIS	DATS	HOURS	Mark.
P. P	49		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	NEVER /	MARRIED -	9. BALTIM	ORE CITY	OR COUN	TY OF DE	ATH		911
deoth deoth	6/		Georgia	USA		WIDOWE	DI DI	VORCED			ore C				MD.
he f	為入		TY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURS	ING HOME C ET ADDRESS)			(TYPE OF WO	L OCCUPA	OF WORKING	LIFE) INC	KIND O		
201 rs ofter by the	CEU		ings Mills				ings M	ills	Reti	<u>red -</u>	State	e of	Mar	ylan	<u>d</u>
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours cattending physician. Where this certificate has been signed by the attending physician and completely filled in by the human completely filled in by the attending physician and completely filled in by the property of the property	3	13a. S	al residence (# nursing home or state 136 COUN aryland Balt	imore	136. CITY OR TO Owings	WN	13d INSIDE C	NO 🗌	372	address 3 Cro	ndall	Lan	e 2	1117	7
RYL vahir vahir stely 2 st	クシナ	14 FA	THER'S NAME	AIDDLE	LAST		IS. MOTHER	S MAIDEN NA/	WE	WIDDIE			LAS	1	TEK
MAR ed w	036		William P		lackburn	Sr.	Be	ssie				Ste	pher	ıs	
AORE, execut and co	medicat		VAS DECEASED EVER IN U.S. AR/	MED FORCES?	166. SOCIAL SE	CURITY NO.	17. INFORMA			ADD	RES 351	1 Ma:	zzon	e Dr	
TIMO	E		(IF YES, GIVE		219-22	-5220_	Stephe	en D. B	lackbi	urn	Rend	o. Ne	evad	a 89	502
BAL cate	t, th		18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED	y one couse per	11/	/	/	-0	5) [1	-	APPROXI	MATE INTE	RVAL
ST.,	ever			E CAUSE (o)	/-	400	orb.	al	-	·ton	cla	-	M	(4 4	ten
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deo deo	rour		Conditions, if ony, which gove rise to immediate	(b)		TIO	er/c	المادي م	aro	2		-	9	er	_
v the	her		couse (a), stating the underlying couse last	DUE TO, O	R AS A CONSEG	UENCE OF							U		
s tho	ar other			(c)											
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No veen	Prior 1	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHI	H OPERATIO	N WAS PERFO	ORMED	20a AU	TOPSY?	20b. IF Y	ES, WER	EFINDIN	IGS USE	D
e faw	S of	FIC				1			YES 🗆	поП	IN CERT	TIFYING O			TH?
ITA I: Th sicio ote I	Mental Hygiene or Item 18 shows	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME O			21c HOW IN	JURY OCCUR					PART 2)	140 [
Phy	10 8		OR CONTRIBUTING CAUSE OF DEA	144	M. MONTH M.	DAY YEAR									
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O NO	a dith		220.1 certify that (I) (this haspit	ol) ottended th	e_deceased from			, 19 8 3	>, to	Do	~27	19_8	7.	that (I)	(we) lost
TTEN	21 is		sow the deceased allow on obove (Uliwe) (d. 1 Id. 1 no	Kyriaw the body	ofter death	87 , or	d that ik (my)	our) opinion	death occur	red on the	date and h	our and f	rom the	couses st	toted
OR AT DIRECT	If Hem	-	22h SIGNATURE	A.	On		DEGREE					27	c. DATE	SIGNED	
At O At D	T F		Journe	1. U	cell	_ 0		ATTENDING PHYSICIAN	MEDICA		AFF		(-	30	8
HOSPITAL ined by the FUNERAL	TAN TAN		228. PHYSICIAN'S NAME (TYPE OF	R PRINT)			22e ADDRES	SS							7
O HO	with the State [Dr. David Mi	ller			10219	S. Dol	field	Rd.	Qwing	s Mi	11s	2111	7
5 5 5 5	; 3 ₹	23a l	SURIAL, CREMATION, REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR			CATION					
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DHMH - 16 50	M 4/83	24. F	JNERAL DIRECTOR		ANNRESS		1.70	25e DAT	E REC'D. BY	REGISTRA	1 /		THE PERSON NAMED IN	_	
(VRA 15,			Eline Funeral	Home	Reisters	town, M	d.	FE	B 4	1987	Miles	Danie	deam	Panda	ZA.



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

STATE OF MAKE	LAND
DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF	DEATH 0

REGISTRAR				CERTIF	ICATE OF	DEATH	0 /	REG. N	0.	9		
CEASED NAME	FIRST		MIDDLE	Į	LAST		20. DATE OF	DEATH	MONTH	DAY YEAR	2b. HOUR	
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LE		4 RACE WHITE		S. DATE C	TL 18,	1903 ^{AR}	6. AGE (INY	EARS LAST BIR		MONTHS DAYS		HRS.
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ry or town of d		3211 S	HOSPITAL, NURSIN HEACHTY GIVESTREET MITH AVE			NOITUTION	CONTRA			12b. KIND OF BUSINESS OR INDUSTRY BUILDING		
L RESIDENCE (IF NI TATE LRY LAND		TIMORE	BALTIMOI		YES 🗌	NO []	13.32FF	SMIT	H AVE	(212	209)	
THER'S NAME JACOB		WIDDLE	B LÖCH		15. MOTHER	S MAIDEN NA	ME	MIDDLE		UNK	ĬŎWN	
AS DECEASED EVE ES, NO OR UNIVOWN)		MED FORCES?	202-05-2		MRS.	BESSIE	BLOCH	3211		H AVE.	(21209)
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	GNIFICANT O		ontributing to D	4 4	NOT RELATE	D TO THE TERM	NINAL DISEASI	E OR CON	DITION GIV	EN IN PART 1	fa	
190 DATE OF OPER			TION FOR WHICH (OPERATIO			20a AUTO	NO [20	IN CERTIF	S, WERE FIND FYING CAUSE IS		
210. ACCIDENT WAS LO OR CONTRIBUTING [(IF EITHER NOTIFY ME	CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW I	NJURY OCCUR	RED (ENTERNA	TURE OF INJU	RY IN ITEM 18 F	PART 1 OR PART 2)		
21d. INJURY OCCU	WHILE O	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC)	2 If. LOCAT STREE			CITY OR TO	WN	COUNTY	STATE	
27h SIGNAMON	NAME (Th)	In the body with the body of t	2 19 &		DEGREE	ATTENDING PHYSICIAN -E	MEDICAL	STAI PHYSIC	F	and from the	SIGNED 2187	
PECIEVA CREMATION	, KEMOVAL	238. DATE	ISC N	AME OF C	EMETERY OR	CKEMATORY	230 LOCA	IION				

230. BURIAL, CREMATION, REMOVAL BURTAL

FOR - STATE REGISTRAR DECEASED NAME

PE OR PRINTI

POLAND

O BIRTHPLACE ISTATE OR FOREIGN

10 CITY OR TOWN OF DEATH

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Baltimore

14 FATHER'S NAME

3. SEX

CERTIFICATION

MALE

JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BER 130. STATE MARYLAND BALTIMORE BALTIM

1/12/87

BETH TFILOH CONG.CEM.

WOODLAWN BALTO M

STATE

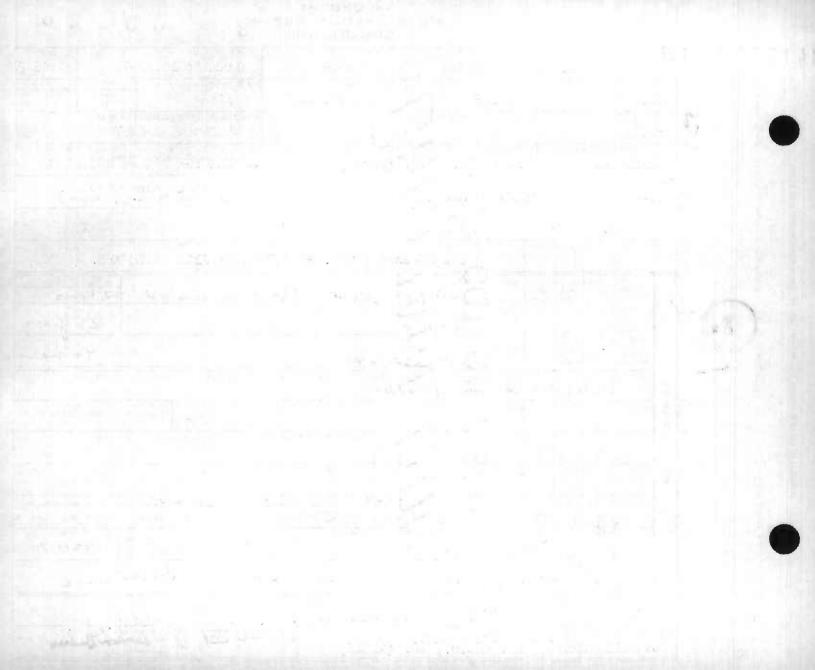
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24. FUNERAL DIRECTOR 6010 REISTERSTOWN RD. BALTO., MD.

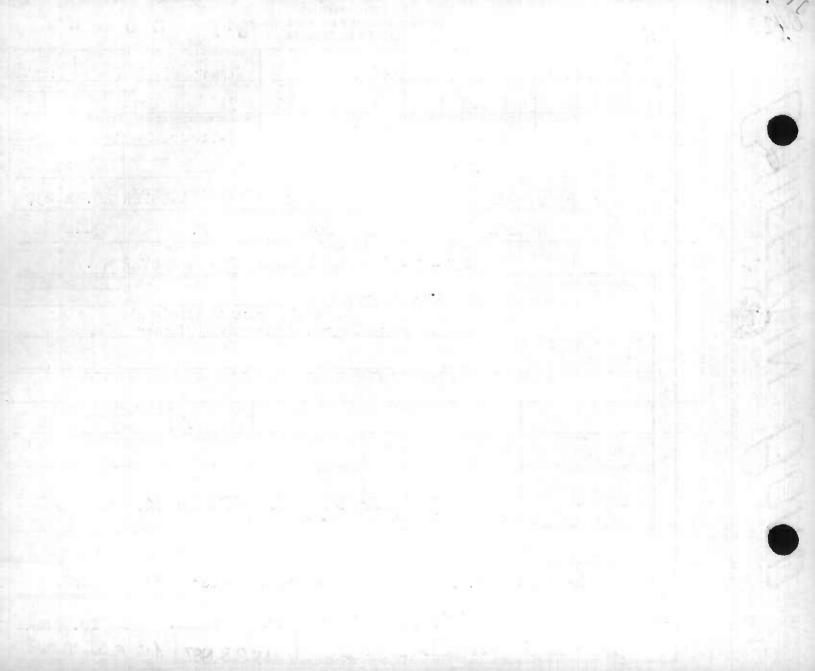
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	ge 4 m			ALE		CAUCA	SIAN	MONTH 03	23	YEAR 15	71	ASI BINTITIDA	YRS.		HOURS MIN
	Poor C	3/9		RTHPLACE (STATE OR FORE	IGN 71	CITIZENOF	WHAT COUNTRY?	8.	NEVER MA	APRIED T	9. BALTIMORE C	ITY OR C		DEATH	
	3/356	2	V	IRGINIA		USA		WIDOWE	DI DIVO	ORCED [Count	.y	MD.
14	1 13 -	9		TY OR TOWN OF DEATH	1	(IF NOT IN SUC	HOSPITAL, NURSIN	DDRESS)			12a. USUAL OCC		RKING LIFE) IN	26. KIND OF	BUSINESS OR
201	1 F	2	- 2	SSVILLE AL RESIDENCE (IF NURSING	HOME OF O		KLIN SQU		HOSPIT	'AL	LABÖRI	£R	18,11	SWEL	TING
MARYLAND 21	filled in	35	130. 9	TATE 13b	COUNT	MORE	13c CITY OR TOW ROSEDA	LE	13d. INSIDE CIT	Y LIMITS?	13e STREET ADDE	ESS (1)	over	RD.	21237
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W.	omplomble of the	exo		HENRY		LSON	BOI		DOR		B				-
ORE	ond c	edico		AS DECEASED EVER IN (ED FORCES? WAR OR DATES)	166 SOCIAL SECU		17 INFORMAN			DDRESS	OMED	DD	
BALTIMOR	e be			NO			232-07-		MAE E	OHRER	1224	LAND	OVER		
. BA	FANI	ent, 1		18 CAUSE OF DEATH (E PART I. DEATH WAS	CAUSED	BY:	Respirato		wo.c.t					BETWEEN	NATE INTERVAL NSET AND DEATH
NST	CO	tic ev		IM	MEDIATE		R AS A CONSEQUE			tic Pr	nstate (arci	nonia		
PRESTON ST.,	1	D HO		Conditions, if any, wl	nich	DUE TO, O	and end	tage	Chronic	Obstr	uctive P	ulmo	nary)iseas	9
PR	the ren	er tro		gave rise to immedicate (a), stating	iote the		R AS A CONSEQUE		0111 0111 0	0000.			1417	10000	
×	thot d by lease iol, cr	40 70			ost.	(c)_									
DIVISION OF VITAL RECORDS, 20	requires on signe Then plant	injury, o	NOI	PART 2. OTHER SIGNIFIC	CANT CC	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE OR	CONDITIO	ON GIVEN II	N PART 110	
IL RECC	an. hos bee permit	is /	CERTIFICATION	190 DATE OF OPERATION	7	19b. COND	ITION FOR WHICH	OPERATIO	WAS PERFOR	MED	200 AUTOPSY	/ IŅ	CERTIFYING		
VITA	N. T. nysicie cate ransit Hygu	E/-	CER	210. ACCIDENT WAS UNDERLY		216. TIME O	PFINJURY M. MONTH DA	V VEAD	21c HOW INJU	JRY OCCURRE	D (ENTER NATURE C			OR PART 2)	1.0
0	SICIA 19 pl 19 pl rentif	51	CAL	OR CONTRIBUTING CAUS		P.		19							
SION	PHYS endin	ŏ	MEDICAL	21d INJURY OCCURRED		21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION	1	CITY	ORTOWN		COUNTY	STATE
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	Property of the o	5 5		220. Leertify that the (thi		l) ottended th	e deceosed from_1 1ry 22,19	lanuar 27	y 14,	19 <u>8/</u>	_, to_Janu	ary	22 , 19_	.87 th	hot (we) lost
	R ATT hospit IRECT(hed fo	e B 2		obove, W (we) (did) 22b. SIGNATURE	edid and	view the body	offer death.		EGREE	out opinion de	edin occurred on	ine dote o		22c DATE S	
	the the Diff	±		2:0	1	Sosel-	~	34.00	ATT	TENDING	MEDICAL	STAFF		1/7	7/87
	HOSPITA ined by FUNERA buld be do th the Store	2-1-		224. PHYSICIAN'S NAME	(TYPE OR F				22e. ADDRESS	YSICIAN [DIRECTOR P	HYSICIAN		1	701
	retained to FUNE should be with the S	M A A A A A A A A A A A A A A A A A A A		Lisa			1.D.				in Squar		ive	212	37
	BP.		230 B	urial, cremation, rea RIAL	MOVAL	23b. DATE			METERY OR CR		23d LOCATION	WN	cou	UNIY	STATE
		- 63-	_	NERAL DIRECTOR		O.L/	26/87 G	KUEI	S OF B		REC'D. BY REGIS			S SIGNATU	MD.
	DHMH - 16 60M (VRA 15, 4)	7/84		NAME	an.	L 12	11 CADDRESS	acod			0 0 400		Lia N		
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430151	FEB -	518	FOR	DEP		EALTH AND MENTAL HY	GIENE	0328
	120		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
. m.e	2,572,01		CEASED NAME FIRST OR PRINT)	MIDDLE		AST	20. DATE OF DEATH MONTH	20 ST 7:05
ay be death		1	WILLIAM	D	BOLL	INGER		28 87 100 AM
B Bo		3. SE		4 RACE	5. DATE (OF BIRTH OAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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Po dir	16		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8		9 BALTIMORE CITY OR COUN	
deoth	10		Md.	USA	WIDOWI		BALTIMORL	= COUNTY MO.
he fe	P	30 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
101 S of	10	10	WSON, MD.	ST. JOSEF		OSPITAL	Attorney .	Banking
bou hour	3 -	USU.	AL RESIDENCE IN NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	DE 211
VND fille	20	M		JIMODE TOW.		YES NO	6507 VOR	I (\//\/\/
Thursday	500	14. FA	THER'S NAME			15 MOTHER'S MAIDEN NA	AME	
w bid w	3		J. Edward Bo	ollinger		Hannah	E. Foster	LAST
RE, I	0 1		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRESS	21228
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2: INC. BALTIMORE, MARYLAND 2: OPERATION OF PAYSICIAN. Offending physician. The flux certificate has been signed by the death certificate be executed within 24 has set if the set included by the state of the set included to so the burial-transit permit. The rate comparison of Mendal Hygiene prior to burial comparison of the set included to the set include	medi	- ((IF YES, C	GIVE WAR OR DATES) 318 07	8700	Mrs. Alice	B. Miller 1507	Park Grove Ave.
ALTI te bi	‡		18 CALISE OF DEATH (Enter	only ane cause per line for (a), (b)	n and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
fico fico phys	ent,		PART I. DEATH WAS CAUS	SED BY:	hace he	lust un	bilenie	18 do 10
S Cent	e o		IMMEDI	ATE CAUSE (a)	7110	7 10101		13 Cauli
Otto di di	1		Conditions, if any, which	DUE TO, OR AS A CONS	EQUENCE OF	Proseni 6	men Desid	2411
PR d	F)		gove rise to immediate	(b)	-un -c	marin y	mentos	7,00
× 5	1		cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	EOUENCE OF			And Control of the Co
201	-		PART 2 OTHER SIGNIFICANT	(c)	TO DEATH BUT	NOT BELATED TO THE YERA	MINAL DISEASE OR CONDITION (CD/CALINI CA CT. 1
OS, quire	9	Z	R	3 La Chil	10 DEATH BOT	a. Pas	MINAL DISEASE OR CONDITION	SIVEN IN PART 118
neen rior		ATIC	190 DATE OF OPERATION	19b CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
nos transperm	N. S.	CERTIFICATION					IN CER	RTIFYING CAUSES OF DEATH?
VITAL N: Th ysicia cate h ansit	sho	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	YES NO
Phy phy rific l-tro	E 7		OR CONTRIBUTING CAUSE OF C	DEATH HOUR A.M. MONTH			The first sales of the sales with	o tall tolerality
YSIC YSIC Ing S cer	r Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	P.M. 21e PLACE OF INJURY	19	211 LOCATION		
PH tend tend the b	Da o	WEG		(AT HOME STREET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
PING In of the ost	Jork				1	1112 87	1-28	82
Ol o OR: Hea	is in		220. I certify that (I) (Mis has saw the deceased alive o	ipital) attended the deceased fr	19 87 a	19 1	, to	_, 19, that (1) (we) last
ATT ATT OSPITE O	m 2		abave, (1) (we) (did) (did	not) view the bady after death.	17_6_,0		death accurred on the date and h	
OR be by Dep	±		22b. SIGNATURE	n hi	1 -	ATTENDING	MEDICAL STAFF	224. DATE SIGNED
RAL Get	ž		Whi Ca	W Willing	100	PHYSICIAN		1-78-87
HOSPIT ined by FUNER uld be o	RIA		22d. PHYSICIAN'S NAME (TYPE		OAC	22 ADDRESS	0 0 0	011.1.
TO HOSPITAL (retained by the TO FUNERAL I should be deta	MPORTANI			RL EBELIA		1 1401 05		eto m/21204
T 2 L 8 X	-	23a E	URIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION CUTY OF TOWN	STATE
BP	-	_	Burial	1/31/87	Druid	Ridge	Baltimore,	
DHMH - 16 60M	7/B4		INERAL DIRECTOR	ADDR	€55	ATT ATT A	TE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
(VRA 15, 4)	I	IITCHELL-WIEDE	FELD HOME, INC.	6500	York Rd. FEL	3 4 1987	Taridan Pandage

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MARCH FUNERAL HOME 1101 E, NORTH AVE.

(VRA 15, 4)

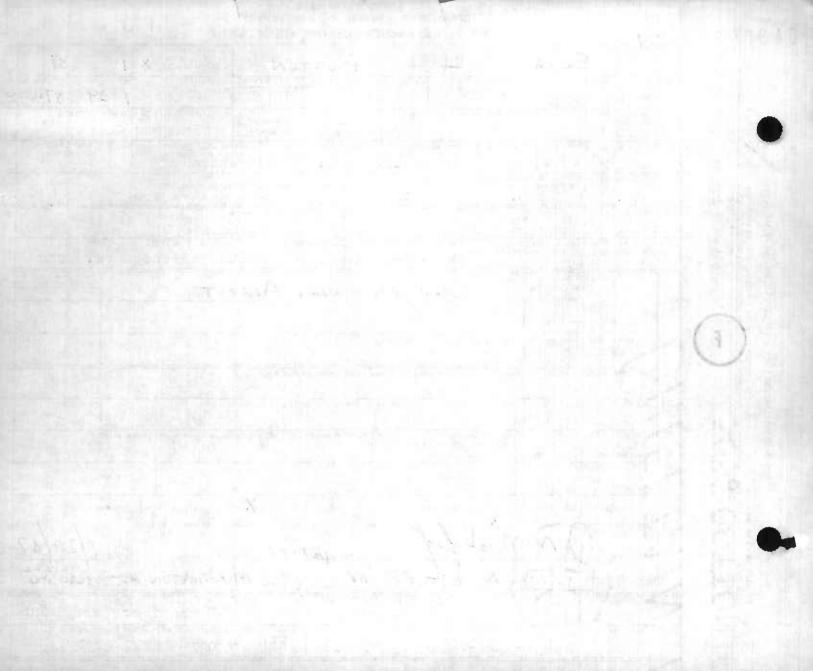
STATE OF MARYLAND

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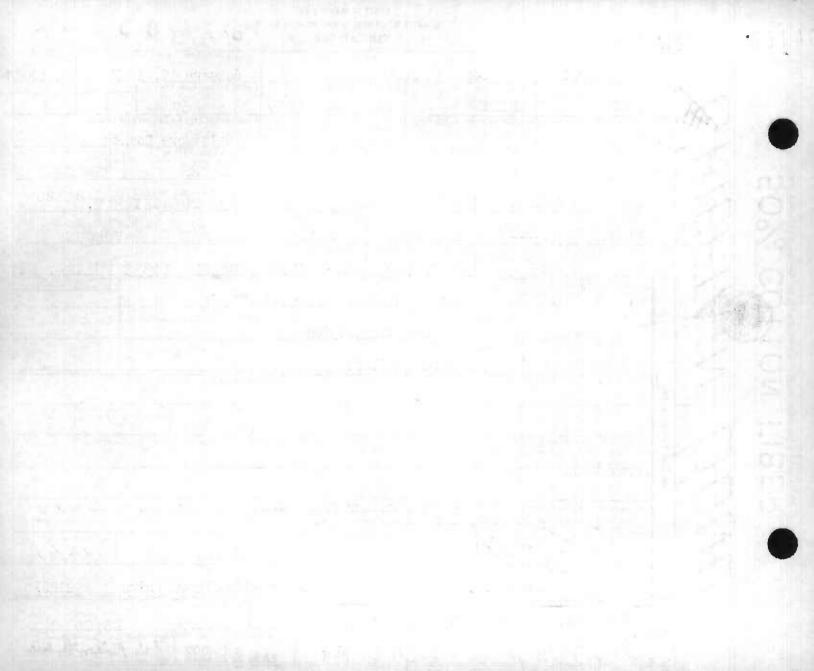
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 42026 JAN 29 MEDICAL EXAMINER'S CERTIFICATE OF DEATH/ REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-198 Anna Boretzky DEATH MATED 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS PRONOUNCED 1610 20 1896 Aug 90 DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED USA Baltimore County Austria DIVORCED -WIDOWED L AGE TILED. 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 352 Townsend R FOR MOST OF WORKING LIFE) OR INDUSTRY Townsend Road Essex Housewife USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Townsend Road 21221 352 Md. Essex IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE unknown unknown Bunio 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? CIAL SECURITY NO. PAGES 1 (YES, NO, OR UNKNOWN) I LIF YES, GIVE WAR OR DATES) Mike Boretzky 352 Townsend Rd. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per the for (q), (b), and BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e. PLACE OF INJURY (AT HOME 21f. LOCATION 21d INJURY OCCURRED NOT WHILE STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection 2 EXECUTE SHOULD FAGE 4 SHOULD FOR TO FUNERAL DIRECTOR AFTER DEATH, WITH TO SHITIMORE, MARYLAN Homicide Suicide Undetermined monner Natural causes DATE 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL [23b. DATE SacredHeart of Jesus Dundalk Balto. Burial BP 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Julia Devideon . P. ConnellyFuneralHome 300MaceAve, 21221 15M 7/76

1 = 12 113 MARION, THAT IN PLANTING IN THE HISTORING DIRECTOR

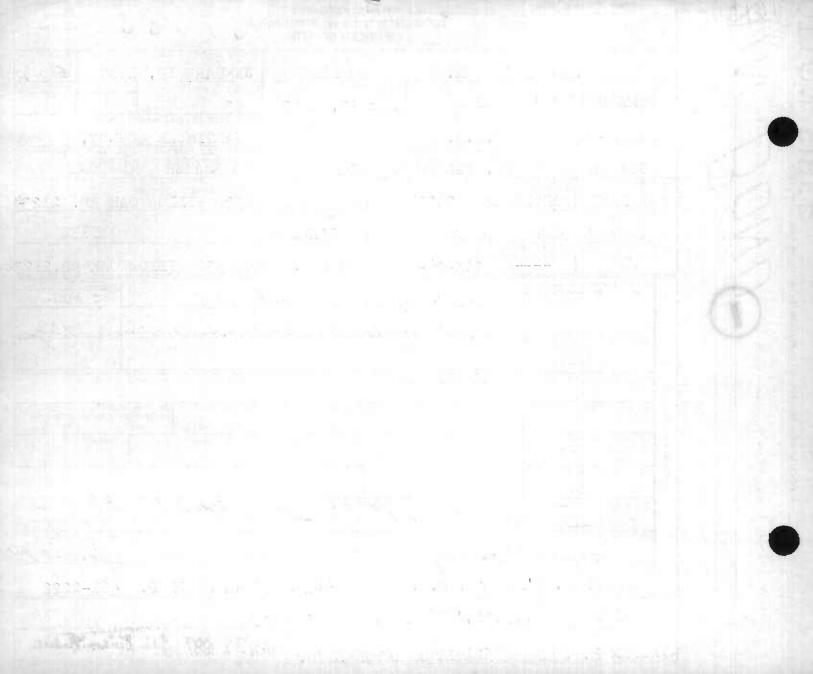
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IMPORTANT: If Hem 21 is marked or Item 18 shows ony

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3	OR CONTRIBUTING LIGHT EITHER NOTIFY MED 21d INJURY OCCUR		21e. PLACE			211 LOCATIO	NC		CITY OR TO	WN	COUNTY		STATE
1	WHILE NOT W	ORK ORK	(ATHOME, SI	REET, FACTORY, OFFICE, FA	ARM, ETC.)	31826							o i i i i i i i i i i i i i i i i i i i
	220.1 certify that	this hospi	tal) attended th	e deceased from_	Apr	12	19 86	to C	san	2	19 87	, thor	(we) lost
	sow the deceas	ed olive on	t view the bady	ofter death.	\$7.0	nd that in my	(our) opinion (death accurre	d on the da	ite and ha	ur and from th	e causes	stated
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	Kuth	and	NS	Alle	(ATTENDING PHYSICIAN	MEDICAL	D PHYSIC		11	23/	87
7	22d PHYSICIAN'S N	AME (TYPE O	RPRINT)			22e ADDRES	S	-					
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24	FUNERAL DIRECTOR		1)	A COMPLET	Belau		T I A M	E REC B BY R	EGISTRAR	Sh DEGIS	TRAP'S SIGN	TURE	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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5	CERTIFICATION	19a DATE OF OPERAT	ION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	WERE FINDINGS	USED
	TIFIC	U						YES NO	IN CERTIFYIN	NG CAUSES OF	DEATH?
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		OR CONTRIBUTING C		1111		19					
	MEDICAL	21d INJURY OCCUR	RED	218. PLACE O	OF INJURY EET, FACTORY, OFFICE, F	APAR FIC \	211 LOCATION	CITY OR I	OWN	COUNTY	STATE
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		220 I certify that (1)		11	e deceased from	20	19	3. to 1/1	, 19.		(II (we) l ast
			ed alive an	t) view the bady	after death.		nd that in (my) (a) opinian	death occurred on the	date and hour ar	nd from the caus	ses stated
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		22d. PHYSICIAN'S NA	AME (TYPE C	OR PRINT)		TVS H	22e ADDRESS				101
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	24 FL	UNERAL DIRECTOR			ADDRESS		ew Cemetery 21204250 DA	TE REC'D BY REGISTRA	25b. REGISTRA	R'S SIGNATURE	0
	I	Ruck Towso	n Fun	eral Hor	ne, Inc.	10	50 York Rd.	10 KI T 0 1301	Julia	Divideon.	Kendall

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STATE OF MARYLAND

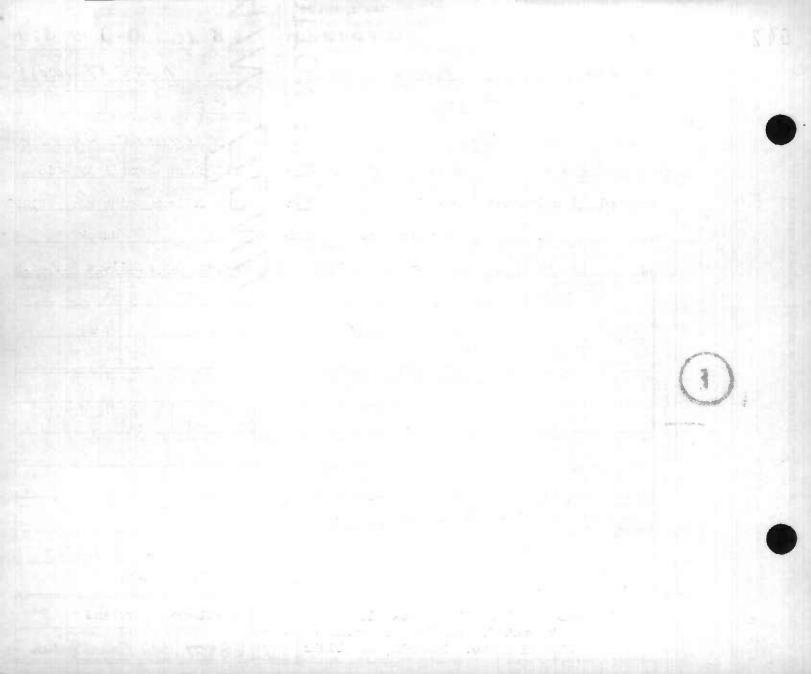
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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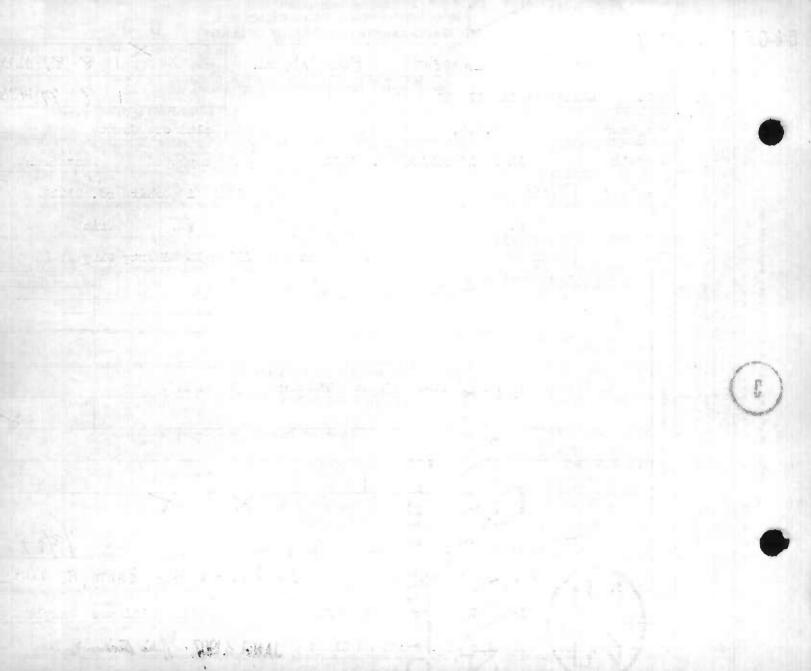
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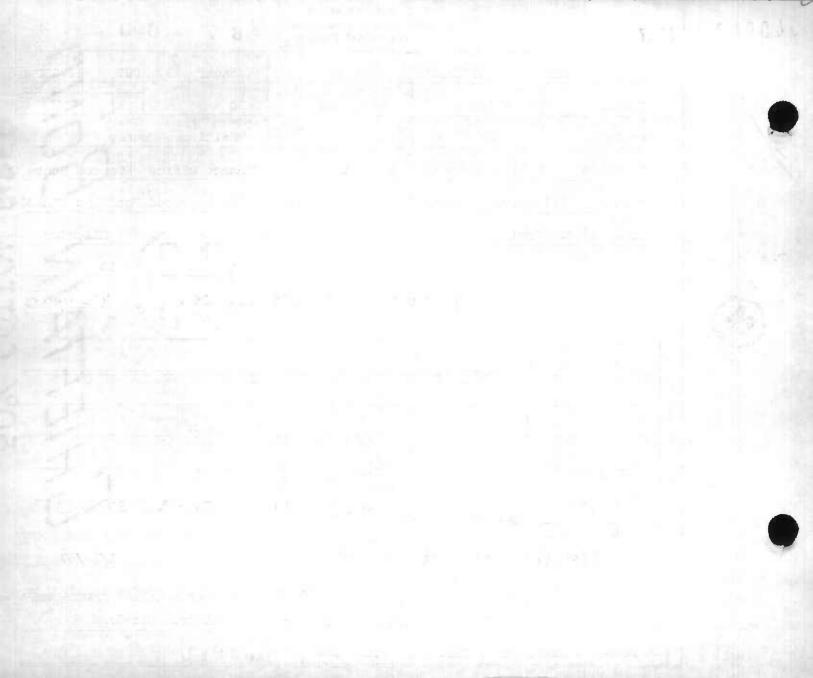
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z	PART 2. OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO I	DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN I	N PART Ital	
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	abave (1) (we) (did)			, onc	that in (my) (our) opinion	death accurred on the de	ate and hour and	from the caus	ses stated
	226. SIGNATURE	A						22c. DATE SIG	NED
	Herz Je	solu	M	10	PHYSICIAN	DIRECTOR PHYSIC	IAN 🗹	1/25/	87
	224 PHYSICIAN'S NAME	(TYPE OR PRINT)					4. 0		
	HENRY F	ESSLER			ST JOSEPHS H	OSPHAL, lows	n, MU		
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24 FL	INERAL DIRECTOR DU	da-Ruck Fu		e of I	undalk 250. DA	TE REC'D. BY REGISTRAR	25h REGISTRAR'S	SSIGNATURE	
	MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION	I. DECEASED NAME (TYPE OF REINI) 3. SEX Male THPLACE (STATE OF FORE COUNTRY) Maryland III CITY OR TOWN OF DEATH OSUAL RESIDENCE (IF NURSING I]30. STATE Maryland I4 FATHER'S NAME FRST JOSEPH I60 WAS DECEASED EVER IN I (YES, NO OR UNKNOWN) YES I8. CAUSE OF DEATH (I) PART 1. DEATH WAS IM. Canditions, if any, wi gave rise to immed cause (a), stating underlying couse PART 2. OTHER SIGNIFI 190. DATE OF OPERATION OR CONTRIBUTING CAUS (IF EITHER NOT IFY MEDICAL E AT WORK 220 I certify that (I) (fin sow the deceased a above (II) (we) (did) 226. SIGNATURE 221 PHYSICIAN'S NAME HENRY 231. BURIAL, CREMATION, REA (SPECIFY)	THPLACE (STATE OR FOREIGN Male THPLACE (STATE OR FOREIGN COUNTRY) Maryland US US US US Maryland US US US US US US Maryland US US US US US Maryland US US US US US US US US US U	PART 2. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO PART 2. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO SOW the deceased olive on long to the page of the page o	DEPARTMENT OF HE CERTIFI DEPARTMENT OF HE DEPARTMENT OF HE DEPARTMENT OF HE DEPART OF HE DEPARTMENT OF HE DEPART OF HE DEPARTMENT OF HE DEPARTMENT OF HE DEPARTMENT OF HE DEPART OF HE DEPARTMENT OF HE DEPARTMENT OF HE DEPARTMENT OF HE DEPART OF HE DEPARTMENT OF HE DEPARTMENT OF HE DEPARTMENT OF HE DEPART OF HE DEPARTMENT OF HE DEPARTMENT OF HE DEPARTMENT OF HE DEPART OF HE DEPARTMENT OF HE DEPARTMENT OF HE DEPARTMENT OF HE DEPART OF HE DEPARTMENT OF HE DEPARTMENT OF HE DEPARTMENT OF HE DEPART OF HE DEPARTMENT OF HE DEPARTMENT OF HE DEPARTMENT OF HE DEPART OF HE DEPARTMENT OF HE DEPARTMENT OF HE DEPARTMENT OF HE DEPART OF HE DEPARTMENT OF HE DEPARTMENT OF HE DEPARTMENT OF HE DEPART OF HE DEPARTMENT OF HE	TO REGISTRAR T. DECEASED NAME TREST TRE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE ORGUSTRA DECKASED NAME DECKASED NAME DECKASED NAME INSTITUTE OF DEATH INSTITUTE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH B 66 NO. DECEASED NAME IDECTASED NAME IDECTA	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 RED. D. D. S. RED. D. D. S. RED. D. RED. D. S. RED. D. D. S. RED. D. RED. D. S. RED. D. D. S. RED. D. RED. D. S. RED. D. D. S. RED. D. D. S. RED. D. RED. D. S. RED. D. S. RED. D. RED. D. S. RED. D. RED. D. S. RED. D. RED. RED. D. S. RED. D. RED. RED. RED. D. S. RED. D. RED. RED. RED. RED. RED. RED.



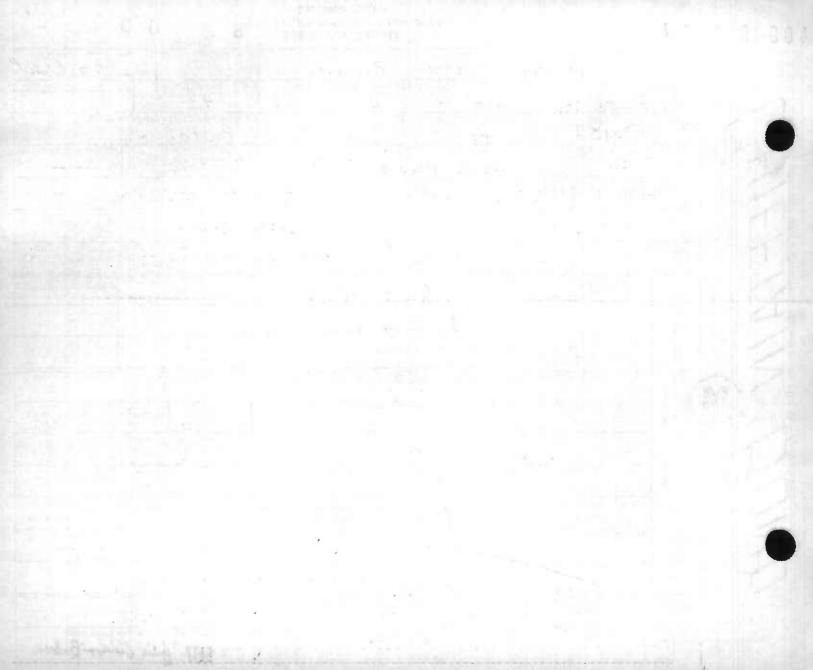
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH I . RECTISTRAR P. DECEASED NAME KNOWN MONTH ELAY IS NECESSAN, TO THE FUNERAL DIRECTOR.

A PAGE S-FOR YOUR FILES, REGILED WITHIN 72 HOURS (TYPE OR PRINT) ESTI-TAMES 8 198 020 AMBERT BROWN SR. DEATH MATED 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DAY 2d. HOUR DATE YEAR LAST BIRTHDAY) MONTHS 1430 PRONOUNCED 12 Male White 22 64 DEAD YRS HEBIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. DIVORCED X Baltimore County WIDOWED [AND 3 TO THE FE BETAIN PAGE 5 HOULD BEFILED RECORDS, 201 U 120 USUAL OCCUPATION (TYPE OF WORK 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS OR INDUSTRY 1203 Ridgeshire Rd. Self Employed Dundalk Restaurant USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STREET ADDRESS 1203 Ridgeshire rd. 21222 13a STATE Baltimore 13c. CITY OR TOWN 13d. INSIDE CITY EIMITS? Maryland Dundalk NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Joseph N. Brown Sarah Britt E. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS DIVISION (YES, NO, OR UNKNOWN) Yes 219-05-1607 Margaret Miller 13 Liberty Pkwy 21222 18. CAUSE OF DEATH (Enter only one cause per lige for (q), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 8 190 DATE OF OPERATION L CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? ARDED TO THE WORD ARDED TO THE CHIEF CHEE CHIEF YES [] 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM FIC 1 STATE CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PARTER, DESTRUCTION OF AMENTHES TO BAILLING ORE, MARYLAND. 220. I certify that I took charge of the remains described above, held an Autopsy death resulted fram: Natural causes Accident Hamicide Undetermined manner ACTUAL DATE MEDICAL EXAMINER (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 1-12-87 Sacred Ht of Jesus Dundalk Baltimore Maryland BP. Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** Duda-Ruck, Inc. 7922 Wise Ave. Balto Md 21222 (VR A15 ME (5)) 20M 4/B2





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8 0 JAN -6	- ا	FOR STATE REGISTRAR			FICATE OF DEATH	GIENE 7 REG. N	0 0	J 4	ba
		CEASED NAME FIRST		WIDOLE	LAST	20. DATE OF DEATH	MONTH DAY	20. 1	HOUR
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lealt s mo		22n.1 certify that (I) (this ha			19		19		(II (we) fost
2 4		saw the deceased alive above, (1) (we) / did) (did	not) view the body	alter death.	and that in (my) (our) opinion	r death accurred on the d	ate and hour a	and from the cause	es stoted.
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· v s ≤/	23a. E	BURIAL, CREMATION, REMOV SPECIFY) Burial	23b. DATE 1/5/1		CEMETERY OR CREMATORY Holy Redeemer	Cem Baltin	nore, Mi	COUNTY D.	STATE
16 60M 7/84	24 FI	UNERAL DIRECTOR Dipp	el Funer	al Homes, Inc	25a DA	TE REC'D. BY REGISTRAR	256. REGISTRA	AR'S SIGNATURE	
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2/3	. 1		underlying cause last.	(c)		ASCVD			Kiell.	
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3 0	E 6 1/1	FICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	200 AUTOPSY?	206 IF YES, WEI	RE FINDINGS US	SED
on.	ber	Ĕ	THE STATE OF				YES NOT	YES	CAUSES OF DE	
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5 de 5	€ 3 ₹	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CE	METERY OR CREMATORY	23d LOCATION			
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		24 FU	INERAL DIRECTOR		DT CA	25a DATE	REC'D BY REGISTRAR	2 B. REGISTRARIS	SIGNATURE	
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JAN 281987 J' Driver Robert

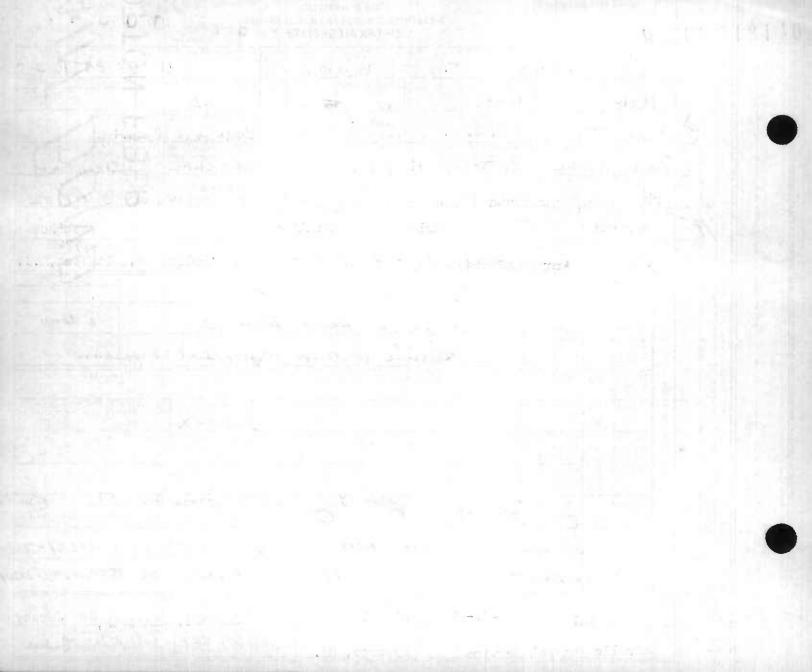
	PAUL	KARL	STATE OF MARYLAND		
040012 JAN -	FOR STATE REGISTRAR	BUCHWALD SR DEP	ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 7 S REG. NO.	345
. m.f	I DECEASED NAME	FIRST MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
y be		aul K. BUCHWALD		January 4, 1987	11:47 A _M
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TW TO TO	14 FATHER'S NAME	MIDDLE LAS	15. MOTHER'S MAIDEN N		1AS1
	JOHN	E. BUCH			GOETTE
OR Sand	(YES, NO OR UNKNOWN)	LIEYES GIVE WAR OR DATEST	SECURITY NO. 17 INFORMANT	ADDRESS	
BALTIMORE cote be execu- ysicion and e- ppers. Pogest- vol. 1, the medical	NO	n/a 21310	1937 RUTH BUCHW	MALD 7908 31st :	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RDS, 201 W. PRESTON equires that the death consigned by the attending Then please remove cortain burial, cremation, or injury, or other troumatic		DUE TO, OF A CON-	TO DEATH OUT NOT RELATED TO HE TE	LISELESE WITH HE	I 9 months
AL RECORDS, he low requir ion. hos been sig it permit. Then iene prior to b	190. DATE OF OPERA NA 210. ACCIDENT WAS UN	TION 196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\cap \) NO \(\cap \)
DF VII.	OR CONTRIBUTING	CAUSE OF DEATH HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM IB P	ART I OR PART 2)
DIVISION OF VIT	(IF EITHER, NOTIFY MEDI 214 INJURY OCCUR WHILE NOT WI AT WORK AT WO	RED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	19 21 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ENDIN of or of or of or of truse os		this hospital) attended the deceased f	rom 4/30/85 19	10 1/4/87	19, that (II) we) last
hospital hos	M. SIGNATURE	did (did not) wew the body after death.	DEGREE	n death occurred on the date and have	22c. DATE SIGNED
PITAL OF THE ALL ET ALL	774 PAYSICIAN'S N	margelles 4	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/5/87
O HOSP results for Fund should be	ROSEA	THEY OLIVO MY	5444 BE	LAIR ROAD	BALTO, MD 21206
D.D.	236. BURIAL, GREMATION,		23c NAME OF CEMETERY OF CREMATOR	CITY OR TOWN	COUNTY STATE
BP	24 FUNERAL DIRECTORY	1/07/87	BALTIMORE CEMETE		MD
DHMH - 16 60M 7/84 (VRA 15, 4)	Warm Control	sail 1211 ()		N 5 1987 Julia 5	RAR'S SIGNATURE

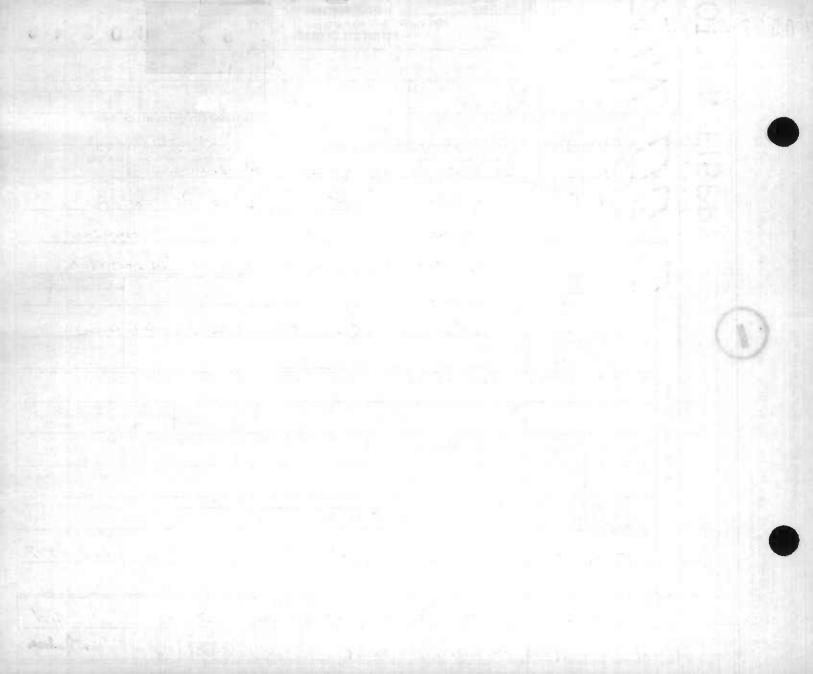
ELS OG ... Was to fill the Succession of the second secon Street P. Dr. of Dear Land St. M. James A. AVA OF TAKE TO STAKE WITH THE #8/2/ THE ESCHILL CORD SHITE, HORING The same with 1988 of the same and the same

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	RECTO	3. SEX	4. RAČE	5. DATE OF BIRTH MONTH DAY 3/12/15	YEAR	6. AGE (IN YE.	AY) MONTH		FUNDER 24 H	PRONOUNDEAD	NCED	MONTH 1	DAY	YEAR O.7	7:12
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0	S NECESSARY, PLEASE PUNERAL DIRECTOR. S FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,	FOREIGN COUNTRY)	1		SA		MARRIE		DIVORCED		timore			LAIII	MD
/ 2	SEC.	ID CITY OR TOWN	OF DEATH	11. NAME OF HOS (IF NOT IN SUCH FAI	PITAL, NUI	RSING HOME	, OR OTHE	R INSTITUTI	ON 12a	USUAL OCCU		PE OF WORK	12b KIN	ND OF BUS	SINESS
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SALT	ote b	pers	4		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one cause per line for (a),	(b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	=
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DIVISION OF VIT	hysic	ransi	8 3		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTI	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	_
Ö	SICIA Pg P	certifi priol-tr	E E	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
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	AL C	AL D	=		Talues	i a Java	del h	15 ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	1/23/87	,
	SPIT d by	NER be o	Y /	1	22d. PHYSICIAN'S NAME (TYPE OR			22e. ADDRESS			
	HO	O FUN	PORTANT		P. SAVAD	EL		120 SR	PIERRE D	R TOWSON MO 2	1204
ale	12 1	774	Ì	23a. (BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		=
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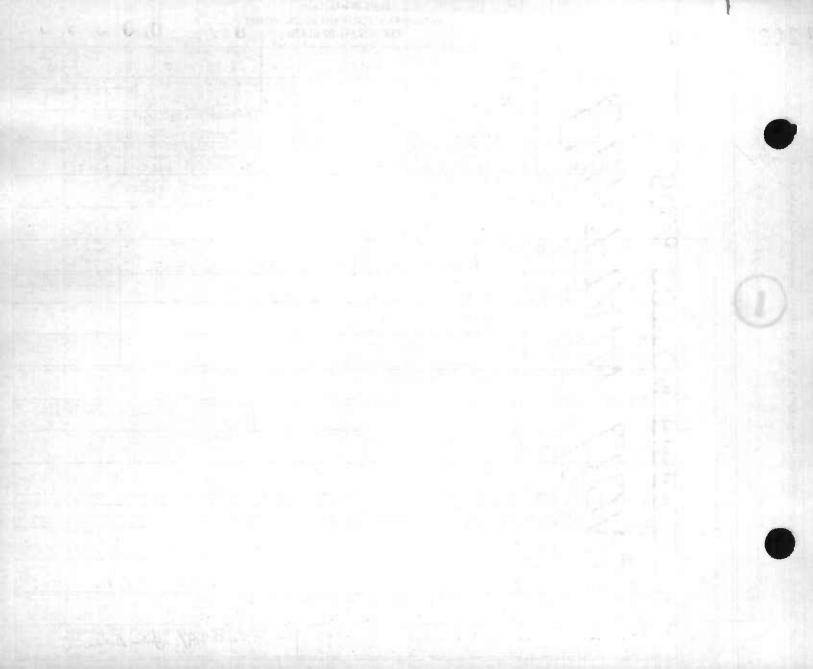




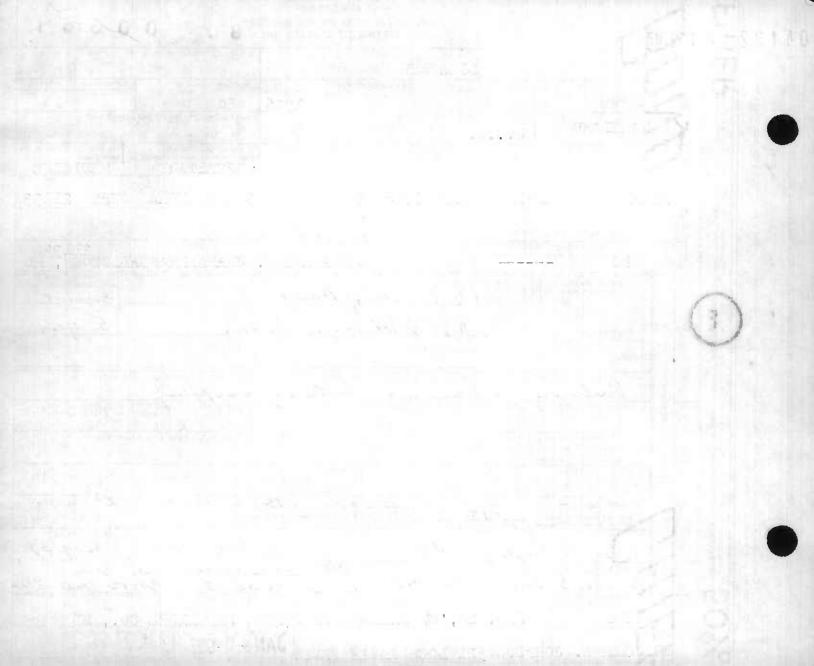
		STATE OF MARYLAND POR DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
2602	CCO		- STATE REGISTRAR CERTIFICATE OF DEATH 8 REG. NO. 0 0 3 4							
2002	FEB		CBASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH		EAR 26 HOUR	
noy be			Dorothy		Burns	S. DATE OF BIRTH MONTH DAY YEAR			IF UNDER LYEAR IF UNDER 24 HRS	
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rol di 72 ho	1/3	/a 8	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED NE	VER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
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TO HOSPITAL OR ATTENDING retoined by the hospital or of TO FUNERAL DIRECTOR. Aft should be detached for use as with the State Dept. of Health	Mor		220.1 certify that & (this hospi	ital) attended the deceased fro	om	19 8/		26 19 8		
	21 is		saw the deceased alive on 19 67, and that in (aur) apinion death occurred an the date and have and learn the causes stated obove (1) (au nas) view the body after death.							
	If hem		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN S NAME (IMPEORPRINT) Charles F. Hoesch, M.D. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 270. ADDRESS 9712 Belair Rd.					226	DATE SIGNED	
	= = /							IAN	1/28/87	
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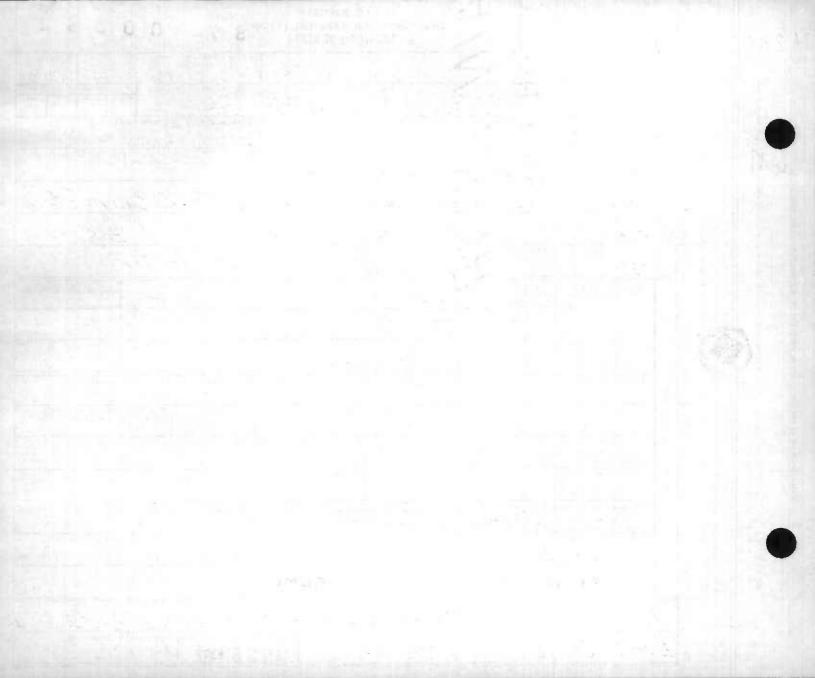
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DIVISION OF	27.75	0 10		i i	21d. INJURY OCCURRED	(AT H	PLACE OF INJURY	FARM ETC.) 21f LOCAT		CITY OF TOWN	COUNTY	STATE
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-		8 0 9	5 6		sow the deceased o obove, (I) (we) (did)	(did-not) view thi		22, and that in (m)	y) (oor) opinion (death occurred on the date and	hour and from th	he couses stated
	9	o He	1	1	226 SIGNATURE	1/	1 1110	DEGREE	4 **** 15 11 10	WEDICAL STAFF	22c. DA	TE SIGNED
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	-	1 25	3.7		URIAL, CREMATION, REA	AOVAL 236 D	ATE 23c	NAME OF CEMETERY OF	RCREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
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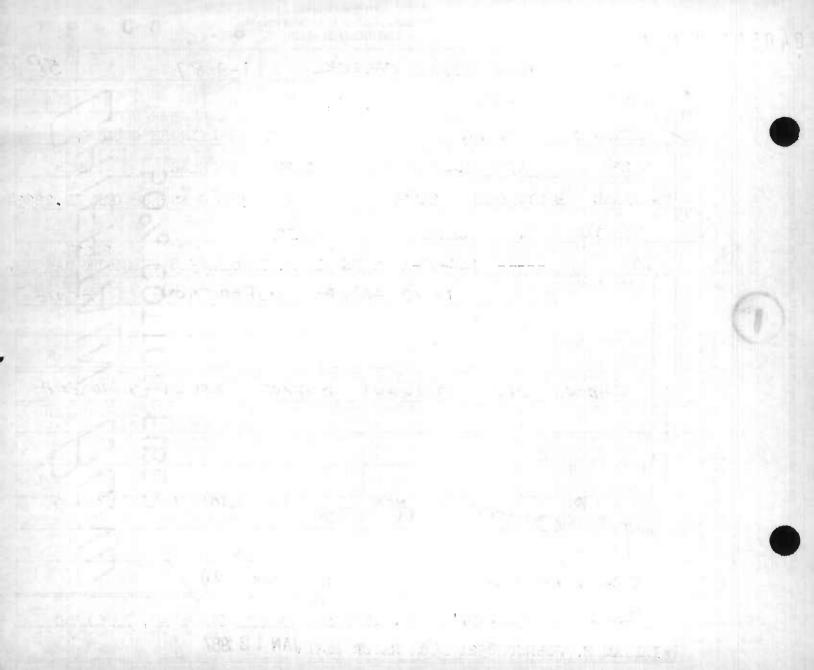
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oth. Pop	70 BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED 4	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
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y to the same of t		underlying cause last.	(c) Histor	y of osteo	sarcoma				
	z	PART 2. OTHER SIGNIFICANT	t conditions <u>contributing</u>	O TO DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	3
O res	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OBERATION W/	C DE DE OPARED	200 AUTOPSY?	20b. IF YES, W	EDE EINIDIN	ICC UCED
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DIN OF A		220 I certify that (I) (this has	spital) attended the deceased to	January 8	3. 1987	January	22 19	87	that (I) (we) last
TTEN Pirtola TOR for us		saw the deceased alive of	January 22		t in (my) (aur) apinian c	death accurred on the do	ite and haur an	d Iram the	causes stated
RECT hed feept. o		22b. SIGNATURE	yid I view the bady after death.	DEGR	EE			22c. DATE	SIGNED
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MO POST		YES, NO OR UNKNOWN)	IF YES, GIVE WAR OR		-24-8679	Frank P. Car	lotta. Sr.	Same as	13e
or the death certific by the attending physics remove corbangle, or remove corbangle, or remove other traumatic every		PART I. DEATH WAS IM Conditions, if any, w gave rise to immed cause (a), stating underlying cause	MEDIATE CAUS DU hich liate the DU	JE TO, OR AS A CO	ONSEQUENCE OF	tic lung co	ricinema		
DIVISION OF VITAL RECORDS, 201 W ING PHYSICIAN: The law requires that rather this certificate has been signed by as the burial-transit permit. Then please in and Memol Hygiene prior to burial, critical recorded or than 18 shows any injury, or other orked or than 18 shows any injury, or other properties.	CERTIFICATION	PART 2 OTHER SIGNIF				UT NOT RELATED TO THE TER	MINAL DISEASE OR CON		PART Ira
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DFVI		OR CONTRIBUTING CAU	SE OF DEATH		NTH DAY YEA	R	TENTER INDICE OF THE	THE TENTO	rons ej
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Al OR ATT the hospi AL DIRECT detached for orde Dept of IT. If them 2		22b. SIGNATURE	SV	hum	c	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F 1	DATE SIGNED
O HOSPITAL O HOSPITAL TO FUNERAL should be dete		224 PHYSICIAN'S NAM	E (TYPE OR PRINT)	10211		22e ADDRESS		/	
		Sheldon	D. Mil	ner, M.D		406 Easter	n Blvd.		
5 5 5 4 ¥ ₹	23a. E	URIAL CREMATION REA				CEMETERY OR CREMATORY	23d. LOCATION		
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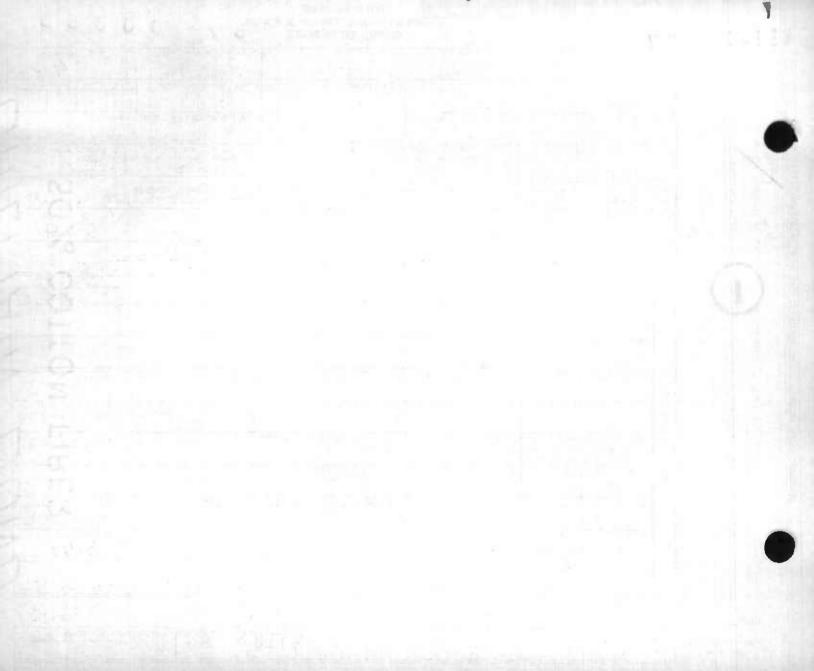
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ST., BALTIMORE, MARYLAND Things be executed within 24 Thisticon and completing the penganers. Pages 1 data the unit		VAS DECEASED EVER IN U.S. (15 YES NO OR UNKNOWN) (15 YES		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE		21234 CNUT OAK RD
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ORDS, 20 requires een signed if Then pl rior to buri	CERTIFICATION	PART 2 OTHER SIGNIFICAN CHONIC 190 DATE OF OPERATION		THRE					
IL REC	IFICA	196 DATE OF OPERATION	198. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFYING	RE FINDINGS USED G CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the rottending physicion. Wifer this certificione has been signed but the buriol-transit permit Then pleas the and Mental Hygiene prior to buriol. orked or them 28 shows day injury, or orked or them 28 shows day injury, or or		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	
OIVISION NG PHYS offer this os the but th ond M.	MEDICAL	**************************************		E OF INJURY STREET, FACTORY, OFFICE, F	. /	211 LOCATION STREET	CITY OR TO	VN C	COUNTY STATE
ATTENDO spitol on CTOR. A stor use of Heal		220.1 certify that (1) (this he are the considered of the consider	300	1 19 (n death occurred on the do	te and hour and	thou (we) lost thou the couses stoted
TAL OR y the hoy the hotel detoched detoched to Tal. If Henricht H		JTh SIGNATURE					MEDICAL STAF	F	??c. DATE SIGNED
TO HOSPITAL retoined by th TO FUNERAL should be det with the Stote		JIDAUID N	462, M)		1205 401	ak RD		
BP		BURIAL BURIAL				EPHENS CHI	23d LOCATION CITY OF TOWN IRCH BRADSH	A IVI TATA I	UNITY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	1	TITAM E. JO	HNSON8	szl lőch	RAVI	EN BLVD JAN	1 2 1987	15b. REGISTRAR	SSIGNATURE



DHMH - 16 60M 7/84

(VRA 15, 4) 1630 Edmondson Avenue, Catonsville, MD, 21228



BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

2.5	16	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 3 / REG. N	003	5 0
		CEASED NAME FIRST Elizab		ter		AST	January]	MONTH DAY YEAR	11:50 PM
	3 SEX	Female	4 RACE White		5. DATE C	of Birth 22 ^{AY} 1898 ^{AR}	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER TYE MONTHS. DAY	
5		RTHPLACE ISTATE OR FOREIGN	USA	VHAT COUNTRY?	WIDOWE		Baltim	re County	MD.
1	Mi	ty or town of DEATH ddle River 212	0 (IF NOT IN SUCE	LOS Fuse	age A	OR OTHER INSTITUTION	17a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Housewi	F WORKING LIFE) INDUSTE	O OF BUSINESS OR RY
)	13a S		ROTHER INSTITUTION OF NTY LIMOTE	13t CITY OR TOW Middle	River		1105 Fuse	ZIP CODE	21220
)	14. FA	THER'S NAME FIRST Joe C	audill	LAST		Sally	Cambe]	u	LAST
1		VAS DECEASED EVER IN U.S. AF	RMED FORCES?	214 22		Ronald Warni		Md. 21220	4.3
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUST IMMEDIA	nly one couse per l ED BY: .TE CAUSE (a)	ine far ia), (b), and	-	anest -			30 mm ,
	7	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO E	NCE OF		INAL DISEASE OR CON		1(0)
)	CERTIFICATION	19 COPD	196 CONDI	ION FOR WHICH		N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	
7	_	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE LIF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.A	A. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	2)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY SET FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OF TO	OWN COUNTY	STATE
		22a.1 certify that (1) this hasp leceased alive- (did) (did ni	y y	19 8	77.01	nd that in my) (our) apinion	, to death occurred on the d		
,		Chala	11/1	Ken	11	ATTENDING PHYSICIAN	MEDICAL STA	FF	ATE SIGNED
		22d PHYSICIAN'S NAME (TYPE	M.1.	derr				od 2	1206
	B	IURIAL CREMATION, REMOVA	1) DATE	5/87 Ame	ricar	emetery or crematory Legion Cemet			STATE
		uzdzinski Tune	ral Home	PA 1407	Old I			Aulia Dindin	. A)

litespeth Carter

Jac Saurilli

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Maryland Falthony Finch Syst No. 1105 Particle Sys.

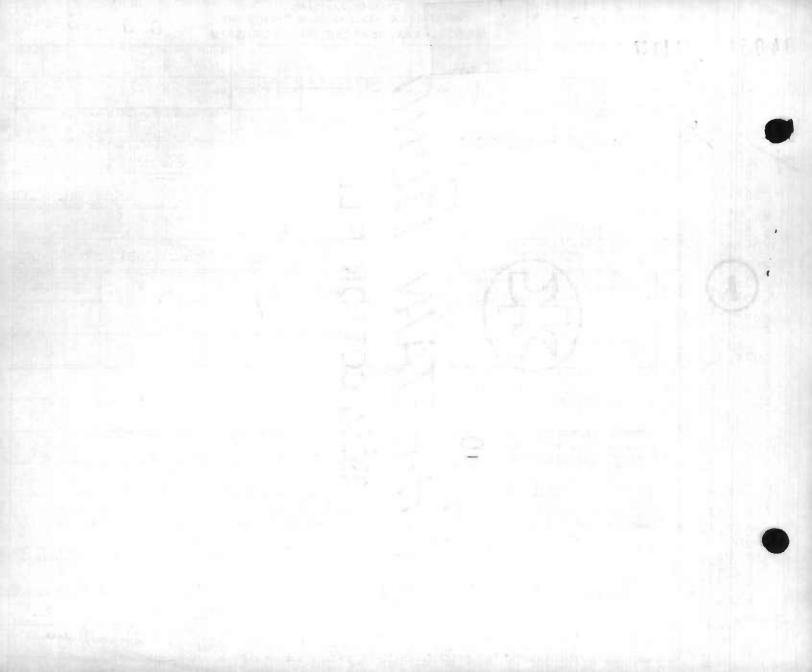
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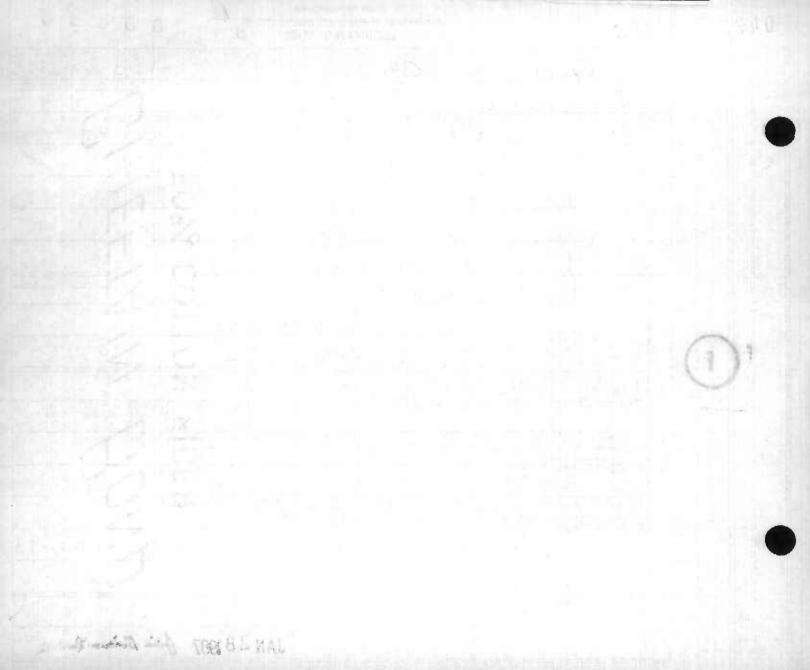
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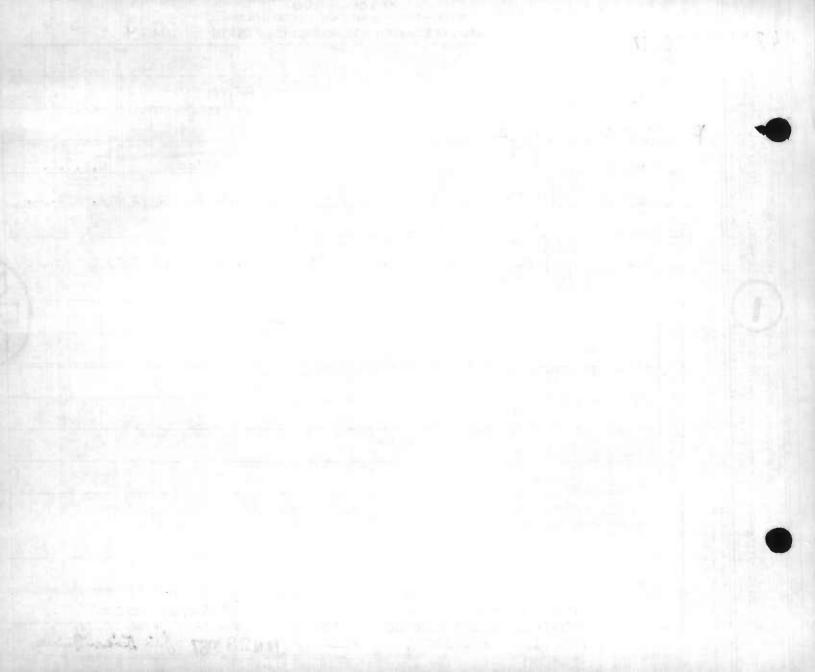
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	ES SES	17			da	I	ee		Ca	rter		D	EATH MATE	D 1	7	19 87	M
	第25年4	2,583		4. WACE	S. DA	ATE OF BIRTH			PEARS IF UNI		FUNDER 2		DATE NOUNCED	MÖM	YAG HIV	YEAR	2d HOUR
	ON 2 OUR	Ee	male	White		ig. 5]		47	YRS.	0213	HOOKS	MIN.	DEAD	1	7	1987	6:30A
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	ECESSARY PLEASE UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS		Md.			U.S.A	Α.		WIDOWE	0 0	DIVORCED			imore			MD
10	APP POC	ID C	TY OR TOWN	OF DEATH	11 /	NAME OF HO	SPITAL, N	IURSING HOA	AE, OR OTHE	RINSTITUTIO	ON I	FOR MOST	OCCUPATION OF WORKING LIFE	(TYPE OF WO	DRK 12b K	IND OF BUS	SINESS
4	APA HA		Baltimo		7	7926 Be	elrid	ge Road	d		1	Legal	Secret	ary	Lav	W Off	ice
5	COND COND		AL RESIDENCE (CE BEFORE ADMIS		3d. INSIDE CITY	LIMITS? II	3e. STREET	DDRESS				
52	\$ \$ E DES		Md.	Ba	ounty	ore	Bal	timore			NO 🔯	7926	Apt. E	Belr	ridge	Rd.	21236
MD.	A2237	IL F	ATHER'S NAME		MIDE	DIF		LAST		S. MOTHER	'S MAIDEN	NAME	MIDDLE			LAST	
*#	SA PER	1	Russe	11.			owers				lizabe	eth		5	Starl	ings	
WO	S S S S S	16a \	VAS DECEASED	EVER IN U.S	ARMED F		11/0	OCIAL SECUR		7 INFORMA	** * * *			DRESS			T
217	2555		no				219	-34-43	55	Joann	na Ca	rter ((dghtr)	3934	MCD	owell	Lane
	(S) (S)		18 CAUSE OF	F DEATH (Ent	er anly ane	cause per lir	ne for (a), (b), and (c).)	1,200						BET	APPROXIMATE TWEEN ONSET	INTERVAL AND DEATH
Z.	SERVE ME		PARTIDE	ATH WAS CA	EDIATE CA	USE (a)	Mul	tiple	inju	cies	24.						
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7	RE AN			is, it any, w e ta immei		(b)											
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1	INNER: THIS CERTIFICATE SHOULD FICATE, WRITING THE WORD "PER E FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEAD AND, 21201 PRIOR TO BURIAL, C	CERTIFICATION	198 DATE OF	OPERATION		196 COND	DITION FO	R WHICH OP	RATION WA	SPERFORM	ED?				20	AUTOPSY?	
VII.	X 2 2 2 2 2 7	E														YES XX	NO 🗆
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O	AR AR AR	MEDICAL	CONTRIBUTIN	IG CAUSE	OF DEATH	1 : O 5 🖴	m 1	7 19 8	37sub	ject	prec	ipita	ited i	From	wind	low	
N S	CER DEP	MED	21d INJURY O			STREET, FA	CTORY, FARM	RY (AT HOME,		REET			ORTOWN		COUNTY		STATE
۵	WR WR WAR		AT WORK	ATWORK	. [X]	l	nome		7921	Bel	ridg	e Rd.	Balt	imor	e, -		Md.
	ATE. PATE.		22a. I certif	y that I taak	charge of th	he remains d	escribed al	bave, held an	Autaps	K .	Inspection	. In	quiry .	and in m	ny apinian		
	A THE SECOND		death resulte	d fram:	Natural cau	uses .	Acciden	ı 🔲, s	vicide .	Hamicid	de 🔲 .	Undetermin	ned manner	P.			
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	TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNEAL DIRECTOR; PAFTRE DEATH, WITH THE SIT BALLIMORE, MARYLAND, 2		(TYPE OR PRIN	VT)				e, M.D		DDICESS		Penn S		Balto.	MD.		
	E05549	230.8	URIAL, CREMAT					NAME OF C				23d LOCAT	Itimo	***	COUNTY	Mć	#
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TO THE CO.	STATE OF MARYLAND
042204 1	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
	REG. NO.
	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 25 HOUR
e 4 may be ctar_page 3 s after death	GLORIA CHAPLIN 0121 8A 2351
a po	SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Page 4	F B MONTH DAY YEAR 58 YRS. MONTHS DAYS HOURS MIN
- 7/1	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNTY OF DEATH
nerol nerol	COUNTRY D USA WIDOWED DIVORCED Batto. Country M
me fur d	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 120. USUAL
3 5	Batto. Co. Batto. Co. General Babusitter
Page Page	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 10. STATE 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE
y filled should be	MD DATO BATO YESTO NO 7103 WAINLY AVE. 2120
2 sky	FATHER'S NAME 15 MOTHER'S MAIDEN NAME
p ld p	William Purnell Gertrude Gernan
s of so	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
n and c Pages	145. NO ORUNKNOWN) (IF YES GIVE WAR OR DATES) 213-76-1617 ROLLFIELD IDVICTOF 7103 INDIVITA
e be	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH
rficate physica npape moval.	PART I. DEATH WAS CAUSED BY:
central name of response of re	IMMEDIATE CAUSE (a)
death of tending ve cornan, or cornant, or cornari, or cornant, or cornari, or	DUE TO, OR AS A CONSEQUENCE OF MAG AGE
	Conditions, if any, which gave rise to immediate
4 (4)	cause (a), stating the DUETO, OR 45 A CONSEQUENCE OF underlying cause last
124 3	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0
y in T	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED
Per los	IN CERTIFYING CAUSES OF DEATH?
	YES NO YES NO 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
SICIAN: THE physical certificate ental Hygine ental Hygine	
	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
d d d d d d	OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY ENDOLGAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME. STREET FACTORY OFFICE FARM. ETC.) STREET CITY OR TOWN COUNTY STATE
	Alwork Alwork
TENDIN ord or or use or or use or if Health	220 I certify that if (this hospital) attended the deceased from 12 24 19 5 that if (my) (aux) animon death accurred on the date and hour and from the causes stated
E a D a a c	abave.(II) We ldid (did not) view the body ofter death
OR A DIRE DORE Dept	276 SIGNATURE DEGREE 221 DATE SIGNED
HOSPITAL OR AT med by the hasp FUNERAL DIRECT old be detoched for the Stote Dept. of ORTANI; if hem 2	MA ATTENDING MEDICAL STAFF OI-21. 8
HOSPIT vined by FUNER vold be vih the St	22d PHYSICIAN'S NAME (TYPE ORPRINT) 22e ADDRESS
- 6 ± 6.	M. EWOYR
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	B BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION
BP	Burial 1/28/87 Fr. Ho. Nat. Bato. COUNTY WINTER
DHMH - 16 60M 7/84	FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR'S SIGNATURE NAME ADDRESS
(VRA 15, 4)	March F/H 11018. North Auc. JAN 28 1987 from Bridge

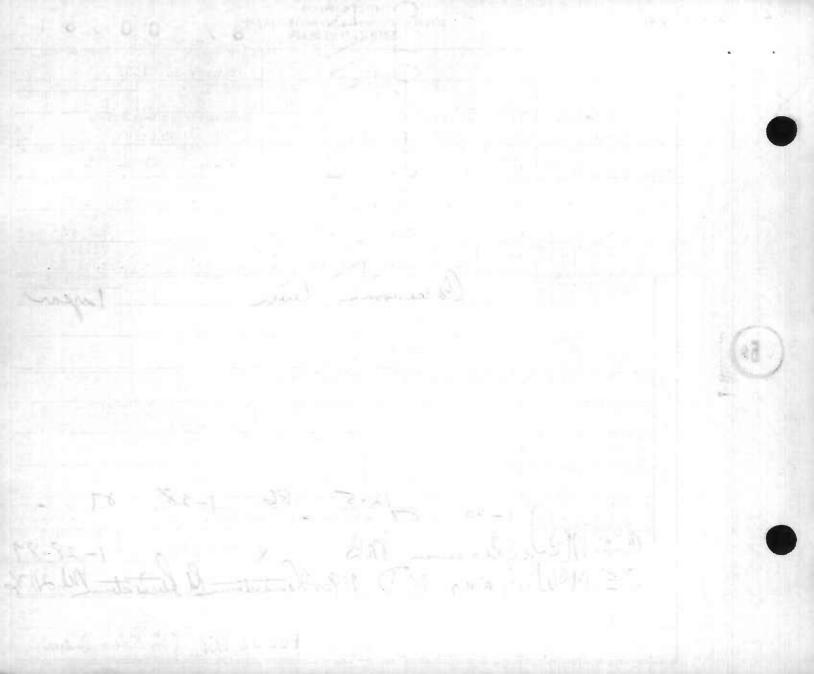


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	万只宝克斯	3 SEX		4. RACE	S. DATE O	F BIRTH DAY	YEAR	6 AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDER	24 HRS.	2c. DATE	AA	HTMO		d HOUR
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	3 TO THE FU 3 TO THE FU IN PACE 5 D BE FILED.	10 CI	TY OR TOWN	OF DEATH			ITAL, NU	JRSING HOME					UAL OCCUPATION			L KIND OF BUSIN	VESS.
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MC	E-3650	14. F/	THER'S NAME		MIDDLE			LAST		15. MOTH	ER'S MAIDE	IN NAMI	MIDDLE			LAST	
200	ASSESSED U		Unknown					dress			liam				Poo	le	
M.	NE SEE	16a. V	VAS DECEASED ES, NO, OR UNKNO	EVER IN U.S. AR	MED FORCE WAR OR DATES	5?	166. SO	CIAL SECURIT	Y NO.	17 INFOR	MANT		ADD	DRESS			
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-	SON P. C.		II CAUSE O	F DEATH (Enter on	ly one couse	per line fo	or (o), (b), ond (c).)								APPROXIMATE INT	TERVAL
12	25655	- 31	PART I DE.	ATH WAS CAUSE	D BY:	Art	erio	osclero	tic o	cardi	ovascu	ılar	disease			BETWEEN ONSET AN	4D DEATH
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*	AN SERVE			e to immediate stating the <u>under-</u>		TO, OR A	S A COI	NSEQUENCE	OF.								
9	西京なるまだ		lying cou	se lost.	1												
8	AND		PART 2 OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BIL	I NOT REL	ATEN TO THE TERM	INAT DICEASI	AP CONOITI	ON CIVEN IN BA	97 1 I					
DIVISION OF VITAL RECORDS	S BE	Z						THE TO THE TERM	013243		ON OUTER IN I A	A1 1 10					
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3	SE PER E	FIG															
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<u>></u>	PER SE	WED				TREET, FACTOR				TREET			CITY OR TOWN		COUNT	TY	STATE
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	NECTOR: THE SECTOR: THE THE S		death resulte	ed from: Natu	ral causes	XX	Accident	D. Su	icide	. Hom	icide .	Under	termined manner	\Box .			
	CERTILO BILLO BILL			1		11				TITLE	SPECIFY)						
	3#02#E		ACTUAL SIGNATURE	ME	~	1	_		M		istant	MED	DICAL EXAMINER		DATE SIGNED.	1/23/87	7
	DESERVE OF											77120	ZICAL EXAMINER		SIGNED.	27 207 0	
	MEDICAL ECUTE THE CE 4 SHOU FUNERAL TER DEATH		EXAMINER'S I	NAME NT)	Allia	m M.	Zane	M.D.		ADDRESS	111 H	Penn	St. Bal	Ito.M	ID.		
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07/84	DD	(5	PEC IEV\	emation	1-23	-87		Westvi				Ba	altimore,	Mar	ylan	id STATE	
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	(111 111 111 111 (11))										I A	14 5	1301 2	-1-			-



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	od od		3. SEX		RACE	1	S. DATE C	F BIRTH	6	AGE IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS
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	eoth P	33		THPLACE (STATE OR FOREIGN)	CITIZEN OF	A A	MARRIE	NEVER MAR	RRIED 🗀	BALTIMORE CITY	OR COUNTY	OF DEATH	D, MD
	er d	Ped	10 CI	Y OR TOWN OF DEATH				ROTHER INSTITU		O USUAL OCCUPA		126. KIND (OF BUSINESS OR
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	Marca that haden certify a control of the control of the corporate the corporate the corporate the there is a motion, or rem	The comment from one even	. NOI	PART 2 OTHER SIGNIFICANT CO	DUE TO, OF DUE TO, OF Lc)	RAS A CONSE	EQUENCE OF	e m	ken	f Co	DE DINDIFION GIVE	Dee Dee NIN PART 1	emay S
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	ATT OF THE PERSON OF THE PERSO	217		saw the deceased alive an_ phove_(I) [we] [did) [did not	fiew the body	after death.	(<u> </u>	d that in (my) (au	ur) apinion dec	oth occurred an the	date and hour		
	the both the Dept the Dept	the heart		276 SIGNATURE	1/	-	1	ATTE		MEDICAL S'	AFF SICIAN (1)	22c. DATE	E SIGNED
	HOSPIT red by FUNER old be d	ZT		276 PHYSICIAN'S NAME TOH OF	Henry			22e ADDRESS	J. C.	0	, , , , , , , , , , , , , , , , , , ,		
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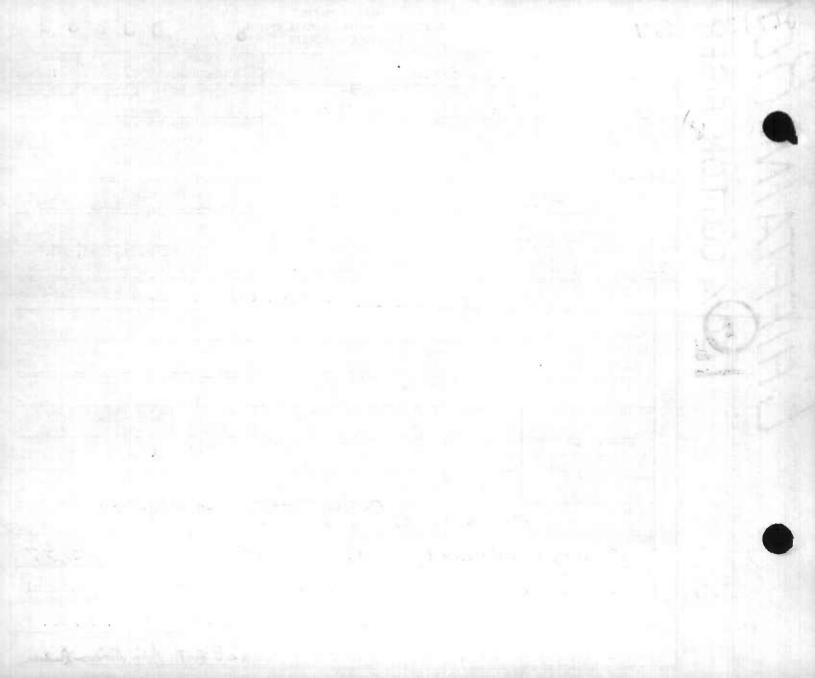
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2138 JAN	29	FOR		DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	0 /	0 0 3	0 2	
	1. DE	REGISTRAR CEASED NAME FIRST		MIDDLE		AST	REG. N		R 26 HOUR	
noy be poge 3	(TYPE	ORPRINT) Will	iam J.	am J. Cianferano				0, 1987	3:01 AM	
moy . pog	3. SE	x	4. RACE		5 DATE C		6. AGE (IN YEARS LAST BE		EAR IF UNDER 24 HRS	
ge 4	M	ale	Whi	te	Jan	uary 7, 1920	67	YRS	TOURS MIN.	
erol dir	126	RTHPLACE (STATE OR FOREIGN DUNITY)		OF WHAT COUNTR	Y? 8 MARRIE WIDOWE	D NEVER MARRIED D		ore County	MD	
offer de	10°C	andallstown	(IF NOT IN	SUCH FACILITY, GIVE STR	SING HOME (General(DOA)	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Pressman	ION 12b. KIN OF WORKING LIFE) INDUST	D OF BUSINESS OR RY	
11 hours		AL RESIDENCE (IF NURSING HON	E OR OTHER INSTITUT	13t CITY OR TO	ORE ADMISSION)	138 INSIDE CITY LIMITS?	13s STREET ADDRESS			
thin 2		ATHER'S NAME		Baltim	ore	YESXXX NO [] 15. MOTHER'S MAIDEN NAM		Tata Avenue	21211	
	7	Alfredo Cianfe	erano	LAST		Matilda Tounarill			LAST	
sing 12		VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (ILYY)	ARMED FORCES			Carol J. Bo	lander 1030	Reisterstov Kingsbury	m, Md. Rd 21136	
d dept		18 CAUSE OF DEATH Enter	r anly ane cause USED BY	per line for (a), (b),	and ice	L WFO1CT	10.1)	APP BE TW	RÖXIMATE INTERVAL EEN ONSET AND DEATH	
quires transcribers is signed to the please to burid.	CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)								
11 11 19		190 DATE OF OPERATION 196 CONDITION FOR WHICH OPE			CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO		
Clan T	ICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR	E OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	JRY IN ITEM IB PART I OR PART	2)	
Offer the Control	MEDIC	21d INJURY OCCURRED	21e PLA	CE OF INJURY , STREET, FACTORY, OFFIC	E, FARM ETC)	211 LOCATION STREET	CITY OR TO	YINUO) NWC	STATE	
CTOR AF To use a of Health		220. I certify that (1) (this haspital potended the deceased fram Corul, 1978, to January, 1987, that (1) (we) last saw the deceased olive an January, 2, 1987, ond that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not view the bady ofter death.								
TALOR J		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						FF	1/21/87	
O HOSPI Plained b O FUNE hould be whould be		Dr. Francis	X. Car					kway Union	Memorial	
BP	B	BURIAL, CREMATION, REMOVING SPECTED IN THE SPECTED	236. DATE 1/23			emetery or crematory e Park Cemete:	3	n, Balto. (
DHMH - 16 60M 7/B4 (VRA 15, 4)		urgee-Henss Fi	meral H	ome, 3631	Falls		E REC'D. BY REGISTRAF	256. REGISTRAR'S SIGN		

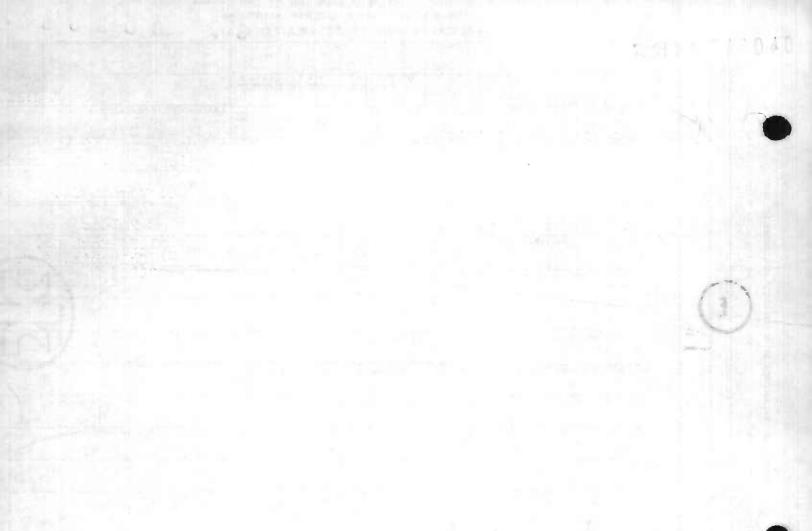


West of the	_ FOR			E OF MARYLAND BEALTH AND MENTAL HY	GIENE	0 0 3	6		
10101	- STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. N				
A LI JAN Z	IJ DEGEASED NAME	nily Mason	Clagett	(AST	Januar	у 25 1987	26 HOUR		
e 4 may ctor, par s after d	3. SEX Male	RACE Caucas		H 3 1900 YEAR	& AGE (IN YEARS LAST BIR	MONTHS DA	EAR IF UNDER 24 HRS		
erpl directly bounds	To BIRTHPLACE (STATE (COUNTRY) Maryland	76 CITIZEN OF U.S.A.	WHAT COUNTRY? 8	D NEVER MARRIED	BALTIMORE CITY O	OR COUNTY OF DEATH	MD		
of the fulled with	Randallstown	EATH 11. NAME OF BALLIM	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NO. IN SUCH FACILITY, GIVE STREET APPRESS) Baltimore County Ceneral Hospital			126 USUAL OCCUPATION (Type of work for most of working life) (Carpenter and Trainer /retired			
24 hour filled in the must be f	USUAL RESIDENCE (IF NI 130, STATE Maryland	URSING HOME OR OTHER INSTITUTION 131 COUNTY Baltimore	GIVE RESIDENCE BEFORE ADMISSION 131. CITY OF TOWN Randa LISTOWN	13d. INSIDE CITY LIMITS? YES NO ST	130 SIRESTO ADDRESS	nt Avenue	21133		
MARYLA ed within mpletely one 2 sh	Harmon Clage	MIDDLE	LAST	15. MOTHER'S MAIDEN NA Unknown	ME		LAST		
MORE, I ond car Pages	160 WAS DECEASED EVI (YES, NO OR UNKNOWN)	ER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 212-05-6251	17 INMESANLinda 3700 Burmon		Randallstown	21133 Maryland		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ratherding physician. When this certificate has been signed by recommon physician and completely filled in by as the buriol-transit permit. Then please more certificate, physician and 2 should be filled in by as the buriol-transit permit. Then please more certificate in any and 2 should be filled in by as the buriol-transit permit. Then please more certificate in the confidence or any injury or other training.	gove rise to i couse (a), sta underlying cou	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Column Conditions (b) Conditions of the condition of the cond							
AL RECORI	190 DATE OF OPER	RATION 196 CONE	DITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIN IN CERTIFYING CAUS			
OF VITA ICIAN. The physicic pertificate inditronsit and Hygin em 18 sho	OR CONTRIBUTING	CAUSE OF DEATH HOUR A	DF INJURY .M. MONTH DAY YEAR .M. 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 OR PART	2)		
IVISION IG PHYS offending her this of s the bur n and Me rked ar h	21d. INJURY OCCU	JRRED 21e PLACE	OF INJURY (REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	YINDO COUNTY	STATE		
TTENDO ipital or TTOR: A for use of Heal	saw the dece above, (1) (we	22a.1 certify that (1) (this hospital) attended the deceased from 1-25-, 19-52, to 1-25-, 19-52 that (1) (we) lost saw the deceased alive an 1-25-, 19-52, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.							
TO HOSPITAL OR A retoined by the hos TO FUNERAL DIREC should be detoched with the Store Dept IMPORTANT. If hem		NAME (TYPE OR PRINT)	ull m. n	ATTENDING PHYSICIAN (MEDICAL STA	FF CIAN D	-25-8>		
	230. BURIAL, CREMATIO Burial	N, REMOVAL 1128/8	I Lake V	EMETERY OR CREMATORY iew Memorial Parl	23d LOCATION		Maryland		
BP DHMH - 16 60M 7/84 (VRA 15, 4)	NAME 8728		Randallstown, rectors, Inc.			25b. REGISTRAR'S SIGN			

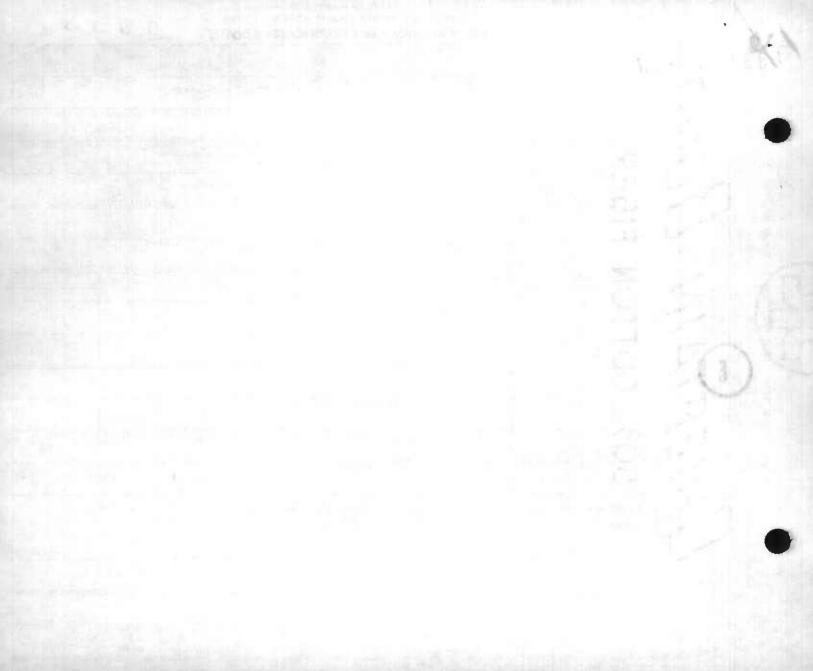
The Property of the Control of the C

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR LIVE OF PANT 20. DATE KNOWN OF ESTI-DEATH MATED 1. IF ANY DELAY IS NECESSARY, PLEASE
2, AND 3 TO THE FUNERAL DIRECTOR.
3. RETAIN PAGE 5 FOR YOUR FILES.
2. SHOULD BE FILED, WITHIN 72 HOURS.
2. ALRECORDS, 201
5. STON STREET, 19 87 JAMES M. CLAY 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR 3. SEX 4 RACE 5. DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED 10 87 4:38A 1953 33 YRS June 28 Male White 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. S. C. WIDOWED DIVORCED Baltimore County 126 USUAL OCCUPATION (TYPE OF WORK 1/26, KIND OF BUSINESS ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Electronics Tech. Electronic Chase Eastern Blvd. & Greenbank Rd. OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) USUAL RESIDENCE (IF IN NURSIN 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Mt. Vernon St. 0606 60-C Vernon YES X NO T Ct. 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MICDLE Felder Clay, E. James Mary 17. INFORMANT ADDRES 834 York Dr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166. SOCIAL SECURITY NO I (IF YES, GIVE WAR OR DATES) Mary Clay (mother) 251-96-5884 Columbia, S.C. 29204 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) ETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY PRESTON ST Compression asphyxia IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate 3 couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 2 NO 🗌 21n EXTERNAL CAUSE WAS 216. TIME OF INIURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOURSAS MONTH DAY YEAR UNDERLYING TOOR Occupant of train/train collision. 1:30 M. 1-4-CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION 214 INJURY OCCURRED AT WORK AT WHILE railroad tracks Eastern Blvd. &. Chase Baltimore MD Greenbank Rd. 220. I certify that I took charge of the remains described above, held an Autapsy & ond in my opinion Accident X Suicide Hamicide _ Undetermined manner Naturol causes TITLE (SPECIFY) DATE SIGNED 1-5-87 PAGE 4 SHOU TO FUNERAL AFTER DEATH BALTIMORE N Assistant MEDICAL EXAMINER SIGNATURE Margarita A. Korell, M.D. 111 Penn St., Balto., MD 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Greenlawn Cemetery Columbia, Richland Co. SC Removal 07/84 BP NASchimunek Funeral Home, Inc. 3331 Brehms Lane, Balto. Md. 21213 die Birden Rudain

STATE OF MARYLAND



T. DECEASED NAME FRST	29 1987 2d HOUR 29 1987 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
T. DECEASED NAME FRST MIDDLE LÄST 20. DATE KNOWN AMON	29 1987 2d HOUR 29 1987 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	29 1987 10 1 A M
26388 MALE WHITE MAY 24, 1919 67 yrs. DEAD 1	OUNTY OF DEATH OUNTY MD ORK 112b. KIND OF BUSINESS
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY? MARYLAND WIDOWED DIVORCED BALTIMORE CITY OR COUNTRY? BALTIMORE CITY OR COUNTRY? WIDOWED DIVORCED BALTIMORE CITY OR COUNTRY?	ORK 126. KIND OF BUSINESS
MARYLAND USA WIDOWED DIVORCED Baltimore Co. STATE OF THE CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Randallstown Baltimore Co. General Hosp. TEACHER TEACHER	OR INDUSTRY SCHOOLS
Randallstown Baltimore Co. General Hosp. TEACHER USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION) Il30. INSUDE (IIF LIMITS?) IAC STATE IAC	
14 FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	STRIN
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 160. SOCIAL SECURITY NO. 17. INFORMANT MRS. ETHEL ACCEANMANT	
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: #21133	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. MMEDIATE CAUSE (a)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Arteriosclerotic cardiovascular disease	
	20 AUTOPSY? YES NO
Arteriosclerotic cardiovascular disease 196. Date of operation 196. Condition for which operation was performed?	OR PART 2)
216 INJURY OCCURRED WHILE NOT WHILE AT WORK 216 PLACE OF INJURY (AT HOME. STREET) STREET, FACTORY, FARM, ETC.) 217 LOCATION STREET CITY OR TOWN 218 LOCATION STREET CITY OR TOWN 219 LOCATION STREET CITY OR TOWN 210 Location Inquiry And In my	COUNTY STATE
death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner	y apinian
SIGNATURE MEDICAL EXAMINER SIC	ATE GNED 1-30-87
EXAMINER'S NAME William M. Zane, M.D. ADDRESS 111 Penn St., Balto., 236, BURIAL CREMATION, REMOVAL 23b. Date 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION CHYOR TOWN	
07/84 BP489 BURIAL FEB.1,1987 BETH TFILOH BALTIMORE	MARYLAND STATE
DHMH 17 (VR A15 ME (5)) 124 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215	S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECLASED NAME FIRST 2a DATE OF DEATH MONTH 26 HOUR WE CH PRINT eN 4 RACE 3. 5EX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR 906 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING WEE) INDUSTRY Ret. Reta, 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Libert V 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Simon 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17 INFORMANT ADDRESS Calgary court (YES, NO OF UNKNOWN) LIF YES, GIVE WAR OR DATES) 22-20-5576 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEGUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 90. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO I 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an_ and that in (my) (aur) apinian death accurred an the date and have and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 225 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN TO 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)

409	II JAN	161	TOR TSTATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 7	NO.,	0 3	6 4
3	offer depth			MONY R	ACE C	thein	MONTH		20. DATE OF DEATH	87 BIRTHDAY)	DAY YEAR IF UNDER I YEAR MONTHS DAYS	
Geath, Page	funeral direction 72 haurs		Female IRTHPLACE (STATE OR FO COUNTRY) Maryland ITY OR TOWN OF DEA		U.	WHAT COUNTRY?	WIDOWE	7 02 D NEVER MARRIED * D DIVORCED DIVORCED DIVORCED DIVORCED	9 BALTIMORE CITY Balto	. City		MD OF BUSINESS OR
0.21201 4 hours offer	100	2050	Balto. AL RESIDENCE (IF NURSI		100	W. Univ.	Pkwy ADMISSION)	13d INSIDE CITY LIMITS?	(TYPE OF WORK FOR MOST Teacher 13e STREET ADDRES	ST OF WORKING LIF	E) INDUSTRY	
MARYLAN	300	JAL E	Md ATHER'S NAME FIRST	MIDDI		Balto.		YES NO 15. MOTHER'S MAIDEN NA	WIDDIE			21210
, BALTIMORE	hysician and opposition and constitution		WAS DECEASED EVER I (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH PART I. DEATH W	(IF YES, GIVE WAI (Enter only on AS CAUSED BY	ne cause per	216-22-	3572	17. INFORMANT	1 more	Con	APPRO BETWEEN	XMATE INTERVAL
W. PRESTON ST.	Committee of the commit		Conditions, if ony, gave rise to imm couse (0), stoting underlying couse	which dediote the	DUE TO, OR	AS A CONSEQUE		scle ro	212		10	typ
CORDS, 20	mit. Then plan orior to burio ony injury, or	ATION	PART 2. OTHER SIGN	a 60	lu	m		NOT RELATED TO THE PERM OF THE PERMITS OF THE PERM	WINAL DISEASE STOR	20b. IF YES	EN IN PART I	INGS USED
N OF VITAL R	certificate hos certificate hos entol-tronsit per entol Hygiene j	CAL CERTIFICATION	218. ACCIDENT WAS UNDO	AUSE OF DEATH	21b. TIME OF HOUR A.A P.A	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	YES NO	} YE	s 🗌	S OF DEATH?
NOISING PHYSI	R. After this ouse os the burleolth and Me	MEDICAL	21d. INJURY OCCURR WHITE NOT WHIT AI WORK AI WOR 220.1 certify that (1)	K		EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE , that (I) (we) last
SPITAL OR ATTER	UNERAL DIRECTOR UNERAL DIRECTOR De detoched for the Store Dept. of H RTANT: If hem 21 is	0	STANDARDS	de tive and le	or the trade	Ille deoth	, ar	d tho in (my) our) opinion DEGREE ATTENDING PHYSICIAN 274. ADDRESS		TAFF	No.	E SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

NAME Anatomy Board

23 BURIAL, CREMATION, REMOVAL (SPECEY) Removal

24 FUNERAL DIRECTOR

ADDRESS

33b DATE

1-8-87

Balto., Md.

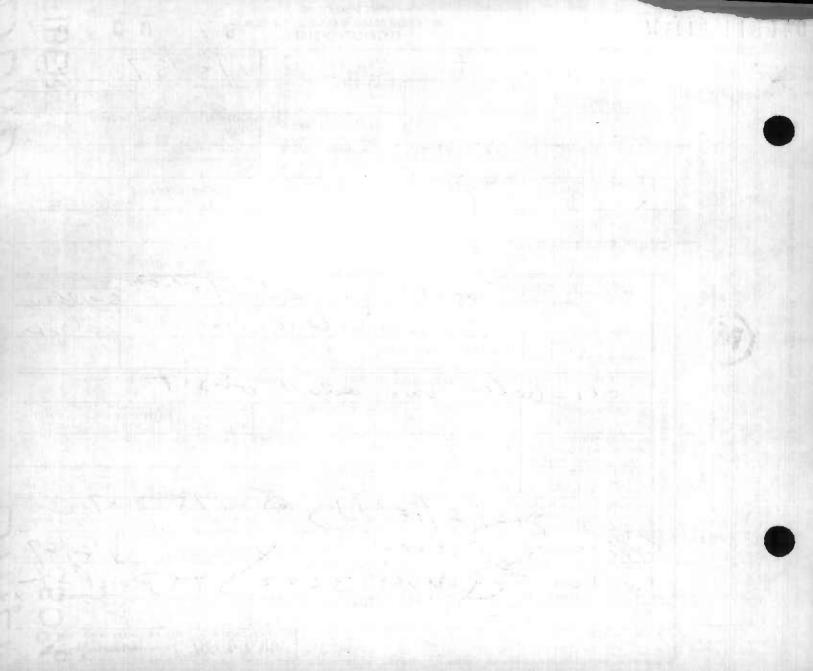
131. NAME OF CEMETERY OR CREMATORY

23d LOCATION

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

COUNTY

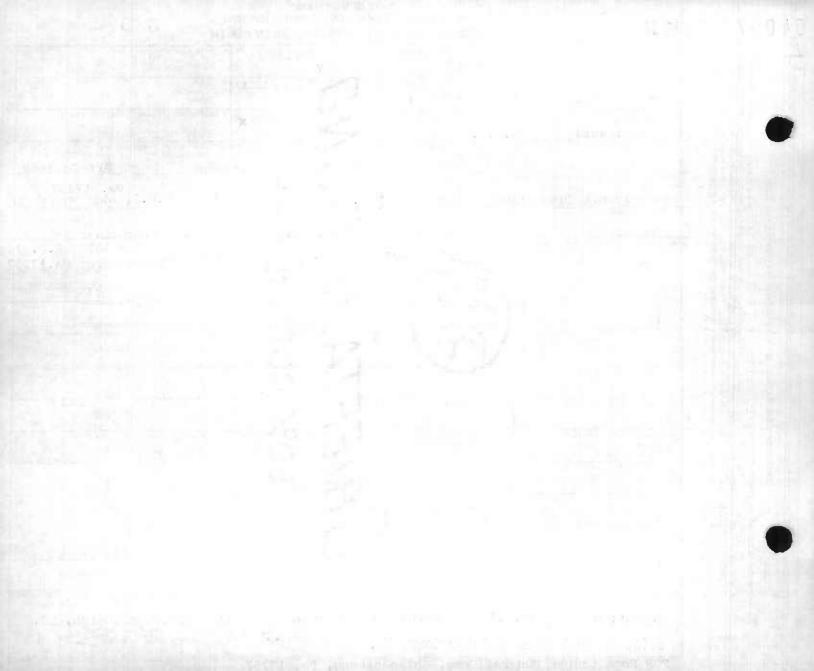


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0 011	00	REGISTRAR				CERTIF	ICATE OF DEAT	Н	REG. NO.			
···		CEASED NAME	FIR51		MIDDLE	ı	AST	r 1	DATE OF DEATH MO	VTH DAY	YEAR 26	HOUR D
ay be age 3 death	[[] YPE	KEB	ECC	A		C	OHEN		JANUA	242	487	130 M
pod de	3 SE	Κ	-	4 RACE		3. DATE C	F BJRTH	6	AGE (IN YEARS LAST BIRTHDA	(Y) IF U	INDER I YEAR IF	UNDER 24 HRS
4 of	1	FILAL	E	WIH	ITE	MONTH	127/18	EAR	98	MON	THS DAYS HO	DURS MIN.
ogo ogo	70 BI	RTHPLACE (STATE ORI	EODE ICA	75 CITIZEN OF	WHAT COUNTRY?	1	120/18	18	BALTIMORE CITY OR C	OUNTY OF	DEATH	
4 72 85	70 01	MARYLAND	FOREIGN		WIMI COUNTRY!	MARRIE		ED 🗆	DAN TO	100	INTU	,
9 11	#B C	71 00 701/01 05 05		USA	LOCALTAL MINECIPAL	WIDOWE			DIUIU			MD.
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00 26		ANDALLSTO					SP.		MERCHANT		KETAII	
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thir ithir	14. FA	THER'S NAME	11	MIDDLE	LAST		15 MOTHER'S MAIL		WIDDLE	7		
maker implete ond 2 exami		WILLIA			AHN		FA	NNIE	WIDDLE	UNI	MOMN 21	
	16a, V	VAS DECEASED EVER			166 SOCIAL SECU	JRITY NO.	17. INFORMANT M	IISS I	DA COHENDRESS			- 1
BALTIMORE,	N	O OR UNKNOWN	(IF YES, GIV	E WAR OR DATES)	215-32-	7369D	6203 LONG	MEAD	OW DR. ELDE	RSBURG	G,MD 21	784
ALTII re be re be li.			H (Enter on	lu non coura par	lung for (a) this an	od (c) 1 od		TIA	1 100	_	APPROXIMAT BETWEEN ONSE	EINTERVAL
		PART 1. DEATH W			ANDI	5-K	ESPIPA	10/2	4 ARRE		BETWEEN ONSI	I AND DEATH
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To to the		Conditions, if any gave rise to imi	mediate	(6)		1100	01-6					
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. ING PHYSICIAN. The law requires that croated the related physician. Inter this certificate has been signed by the other thin on the burial-transit permit. Then please the burial-transit permit. Then please the ond Mental Hygiene prior to burial, certificate or team orked or them 18 shows any injury, or other traumatic even orked or them 18 shows any injury, or other traumatic even	Z	COLO	50	sau U	DIVINIBULING IO	IN-KS	SECTION	JE TERMIN	AFINT	FAI	1 wk	
been mit. I	CERTIFICATION	19a DATE OF OPERA	TION	19b COND	ITION/FOR WHICH	OPERATIO	N WAS PERFORMED)	200 AUTOPSY? , 20	b. IF YES, W	ERE FINDINGS	USED
n. n. ne pine perm	E S	Contract of							YES TO NOT	CERTIFYIN YES [IG CAUSES OF	DEATH?
VITAL Nr. The hysicion reast p. Hygien p. Hygi	123	21a. ACCIDENT WAS UN	DERLYING [216 TIME C	OF INJURY		121c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN			
OF VI		OR CONTRIBUTING	CAUSE OF DEA			AY YEAR						
PHYSICIA this certifi the buriol-ti ad Mental	MEDICAL	214 INJURY OCCUR		21e. PLACE	M. OF INJURY	19	211 LOCATION	-		-		
TISIC renctition the	ME	WHILE NOT WE		(AT HOME, ST	REET, FACTORY, OFFICE,	FARM, ETC)	STREET		CITY OR TOWN	,	COUNTY	STATE
DIVISI DIVISI BING PI Affer th as the as the norked	13	AT WOPK AT WO	RK			Aust	1	190	1 1911	22	87	
END olo olo ON: Use		22a I certify that (1) saw the deceas		100	2 2 10	183	, 19.	113	ath accurred an the date	. 19_		t (I) (we) last
ATT ATT OSpir	1.0	abave, (1) (we) (did) (did no	t) view the bady	atter death.	0		арттат че	am accorded an me date	and nour on		
the hor the hor the hor the hor the DIRBe to Dep		77L GNATURE		-01	01	1	DEGREE	DING	MEDICAL STAFF		220 DATE SIG	NED ICE
by the by the by the Brate General Stote		ram	n) -/	ruer	wy	PHYSI	CIAN D	DIRECTOR PHYSICIAN	10 5	1AN	V4X7
HOSPITAL bined by the FUNERAL build be detrible the Store bookTANT:	- 6	724 PHYSICIAN'S N	AME (TIPEO	001	11 =16	1-1	22e. ADDRESS	110	271. 15	AN I	BAITA	1.
TO HOSPITAL TO FUNERAL Should be deta with the Store		KAMI	N	1/1/	MEPI	66	15010	1196	1-1-19 101	30 V.	Mul,	2/207
5 - 2 5		BURIAL, CREMATION,	REMOVAL	236. DATE			EMETERY OR CREMA		23d LOCATION		QUNIX	a selate
BP		BURIAL		JAN.25				HE VE	HEAR ROSEDA	LE	BALTO.	WD,₁E
DHMH - 16 60M 7/84	24 FI	JNERAL DIRECTOR			N & BROS.			25e. DATE F	2 8 1987	BEGISTRA	S SIGNATUR	adau
(VRA 15, 4)		6010 REIS	TERST	OWN RD.	BALTO,	MD	21215	JAN	28 1987	James &	Marada No. V.	

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	1	[19]	KNOWN #87	-4			FMARYLA					15
040879 JAN	16	STATE REGISTRAR	idioviti ijo i			ENT OF HEAD XAMINER'S			C2 3 11	0	3/	4
I	1. DE	CEASED NAMI	FIRST P	HOMAS	MIDDLE	ARL	LAST	DLLEY	20. DATE KNOWN D		DAY YEAR	26 HOUR
7 38 3 5 E	(17)	E OR PRINT)	THOM				OLLEY) LILL I	OF ESTI-		4 1987	
A CHE SHOW	3. SE	(4 RACE	5 DATE OF BIRTH	6	AGE (IN YEARS IF		IF UNDER 24 H		MONTH	DAY YEAR	24 HOUR
POIRECTORY, POIREC	Ma	le	White	11 27	1968	18 YRS.	ONTHS DAYS	HOURS MI	PRONOUNCED DEAD	1	4 19 8	7.45
SSA SSA STANCE S	Ta B	RTHPLACE (5'	TATE OR	76. CITIZEN OF WE	AT COUNTE	RY? 8.	DDIED NE	VER MARRIED	9. BALTIMORE CITY C	OR COUNT		
A SAME A SAME		ennsylv	ania	U.S.A.			OWED	DIVORCED	Baltimore	COUR	ntv	440
S S S S S S S S S S S S S S S S S S S		ITY OR TOWN		11. NAME OF HOS		ING HOME, OR			USUAL OCCUPATION (TYP		126 KIND OF B	USINESS
ALA ESOU	1	Chase	/	Eastern E		er mooneoup	ank Rd		FOR MOST OF WORKING LIFE)		OR INDUS	
SON	WSU	AL RESIDENCE	(IF IN NURSING HOME O	ROTHER INSTITUTION, GI	VE RESIDENCE BE	FORE ADMISSION)		19.7	Student		Art Col	rede
AD. 21201 IF ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS IL RECORDS, 201 W. PRESTON STREET,	6.5	TATE nnsylva	nia Cumbe		Hopes	well Two	-		STREET ADDRESS SOX 167D, R.D		. 17257	
W FOREST		ATHER'S NAME		MIDDLE	LA			ER'S MAIDEN N			PAST	
38532		Thomas		MIDDLE	Col		700	nn		nkbei		
W GANGE	160 \	VAS DECEASEI	DEVER IN U.S. ARA	MED FORCES?		L SECURITY NO.	17. INFOR	MANT	ADDRESS	Box 1	67D R	.D. 1.
FANT SEC.		No.	(IF YES, GIVE	WAR OR DATES!	172-	56-4755		Thomas			irg, Pa	
8 50 W T W		IB CAUSE O	F DEATH (Enter onl	y one cause per line	for (o), (b), c	ond (c).)		mer)	0.1200		APPROXIMA	TE INTERVAL
N STANSON		PARTIDE	ATH WAS CAUSED	BY: Mul	tiple	blunt &	therma	l injur	ies with smok	ke inh	nalatio	n and DEATH
PRESTON THIN 24- THE REPORT	/	800	2) IMMEDIA			EQUENCE OF						
量 直面 图 图 图			ns, if ony, which	(b)								
> 五多种定的	100	cause (o)	stoting the under-	(-)	AS A CONSE	OUENCE OF	+	The I				
2017 UTED IN PI EXAM		lying cau	se lost.	(6)								
		PART 2 OINER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	DUT NOT RELATED	TO THE TERMINAL OF	EASE OR CONDITIO	N GIVEN IN PART 1	g L			
RECORDS, TD BE EXEC PENDING: PENDING: PEALTH AN FEALTH AN	NO											
I RECO	FICATION	19a. DATE OF	OPERATION	196 CONDIT	ION FOR W	HICH OPERATION	WAS PERFOR	MED?			20 AUTOPS	Y?
A SOUTH AND A SOUT	FF										YES X	NO
ATE OF V	CERTI		L CAUSE WAS	21b. TIME OF		21	HOW INJURY	OCCURRED (6	NTER NATURE OF INJURY IN ITEM 18	PART I OR PAI		110
N SHOOM S	N N	UNDERLYING	S AUSE OF D	1:30p.M	1-4-		Occupan	t of tr	ain/train col	Hisia	on.	
ISIC NG T SKEPA PRICE	MEDICAL	21d. INJURY C		21e PLACE C	OF INJURY	(AT HOME. 21f	LOCATION	C OL CL	arii, crarii coi	. 3. 101	011.	
POLY REITED SCI	E	WHILE C	NOT WHILE	railro	ORY, FARM, ETC.		street	Blvd s	, Chase	cou		STATE
STA STA	,		- 46	A			Greenba	nk Rd.	, clase	Ba	ltimore	MD
A P S S S S S S S S S S S S S S S S S S			/ 1/	of the remains des	. 11 5	_	tapsy X	Inspection L	. Inquiry L. an	id in my op	inian	
WE WE WE	1	death result	ed fram	of chines of	Appliant	Suicide	, Homic	ide 🔲 , U	ndetermined manner			
SA SA		ACTUAL	1 41	11.11	Mh	- 1	,	PECIFY)		DATE		
ZHE HE H		SIGNATURE	100	/	pr.		M.D. ASS	istant_	MEDICAL EXAMINER	DATE	1-5-8	7
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PROFE 4 SHOULD BE FORWARDED TO THE CHIEF A TOF PUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEFARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, OF THE BALTIMORE, AND THE B		EXAMINER'S (TYPE OR PRIN	NAME Cha	rles P./	lokes,	M.D.	ADDRESS_	111 Pen	n St., Balto.	, MD	21201	
AFT PAGE CALL	23a.B	URIAL CREMA	TION, REMOVAL 2	DATE	[23c NA	ME OF CEMETER		DRY I23	8d. LOCATION			
	- 0	Cremati		an.9,1987		thsburg			CITY OR TOWN	COUN		STATE
07/84 BP		UNERAL DIREC		un. 5, 130/	Sill2	chaburg	Cremati		Smithsburg. W	ASA11	GRATURE .	1d.
999 JURAIS ME (5))	1	Tine F	uneral Ho	me Retst	erstov	vn, Md.	21136	Will T. L.	1201. Antie Me	HOUSE !	S	
	F	OR Foge	lsanger 1	Tuneral Ho	ome, S	hippensb	urg, Pa	. 17257				



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

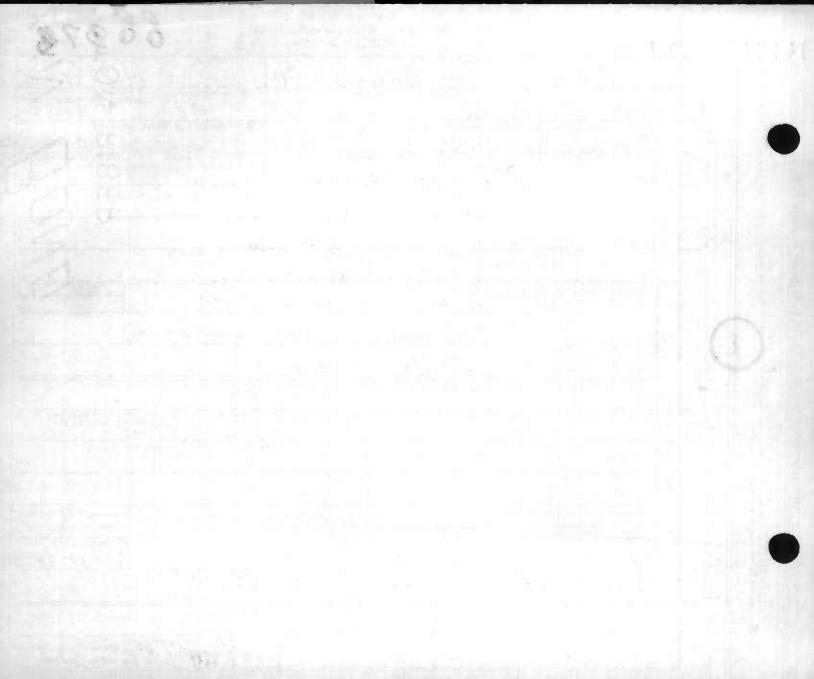
	0	0	3	73
REG. N	10.	V	2	13
EATH	MONTH	DAY	GO	2h HOUR

-		STATE REGISTRAR			DEF	CERTIF	ICATE OF D	EATH	REG. NO	OO	9	15
		CEASED NAME OR PRINT)	pert	A	AIDDLE	Coli	linle	Sp	20 DATE OF DEATH	MONTH DAY	87	1.45-A
	3. SEX			RACE		S. DATE O	F BIRTH	6	AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS
1	1	nale		BIAC	K.	MONTH	-30	*EAR / 8	38	YRS. MON	THS DAYS	HOURS MIN.
4		RTHPLACE (STATE OR OUNTRY)	FOREIGN 76	CITIZEN OF	WHAT COUN	TRY? 8.	NEVER A	_ 9	BALTIMORE CITY O		DEATH	
	- 1	ittsville	e, Md.	U	I.S.A.	WIDOWE		ORCED	Ba	etimo	uce la	cusity MD.
	10 CI	Y OR TOWN OF DE	ATH 11		HOSPITAL, NE	JRSING HOME O	R OTHER INST		120 USUAL OCCUPATION			BUSINESSOR
X	61	ALTIMOR	E	JT.	10sep	ph Hos	PITA	4	Kopper		NADOSIKI	
1	13a S	L RESIDENCE (IF NUR!	13b COUNTY		13c. CITY OR		13d. INSIDE C	ITY LIMITS?	3e.STREET ADDRESS	ZIP CODE		
d	_	4D			Balto) .	YES	NO 🗌	2013 Lone	boown	St. 2	1216
		THER'S NAME FIRST	MID		LAS			MAIDEN NAME	MIDDLE		LAST	
	_	nomas E.		ns Sr				en Dal				
6		AS DECEASED EVER	(IF YES, GIVE W		166 SOCIAL	SECURITY NO.	17 INFORMA	NT	ADDRE	55		
ı		no			214 - 4	8-7962	Agne	s Rose	Collins	2013	Longw	ood St.
	NOI	Canditians, if any gave rise to im- cause (o), stating underlying cause PART 2 OTHER SIGN	mediate ng the last.	DUE TO, OI	ARCIA RASACONS CARCI	EQUENCE OF NOMATOSI EQUENCE OF NOTMIT	of the	celon	Y WITH ME		IN PART Ito	
1	CERTIFICATION	190 DATE OF OPERA	TIÓN	19b. CONDI	TION FOR W	HICH OPERATION	WAS PERFO	RMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [ERE FINDING	GS USED OF DEATH?
1		210. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	I DAY YEAR	21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJUS	Y IN ITEM 18 PART	T OR PART 2)	
	MEDICAL	21d. INJURY OCCUR	HILE 🗍	21e PLACE ((AT HOME, STR	OF INJURY IEET, FACTORY, O	FFICE, FARM, ETC.)	211. LOCATIO STREET	N	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1)		attended the				. 19	_, to			nat.(I) (we) last
	2.3	saw the deceas obove, (1) (we) (ed alive on did) (did nat) v	view the bady	after death.	.19, an	d that in (my)	(our) opinion de	eath occurred on the do	te and hour or	d fram the co	auses stated
		22b. SIGNATURE	· - v /	- 1	,		DEGREE	TTENDING	MEDICAL STAF	c	22c. DATE S	IGNED
			LEK/M		Jayra	. M.D.	1	PHYSICIAN [DIRECTOR PHYSIC	IAN	1-14	4-87
		DR. FREIDOO	N MALLE	K/BY E	DUMDO	P. LAYUG	22e ADDRES	7620 RALI	YORK RD.	of.		
		URIAL, CREMATION,	REMOVAL	23b DATE		231 NAME OF C	EMETERY OR C	REMATORY	23d LOCATION	r.	DUNIY	STATE
		Buria	1	1/17	/87	King	Mem.	Park	Balto	Md		AIE
	24 FU	NERAL DIRECTOR						250 DATE	REC'D. WY REGISTRAR	Sharper Carlott	ESMICHATU	RESO Page

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: H

Dyett 4600 Liberty Heights

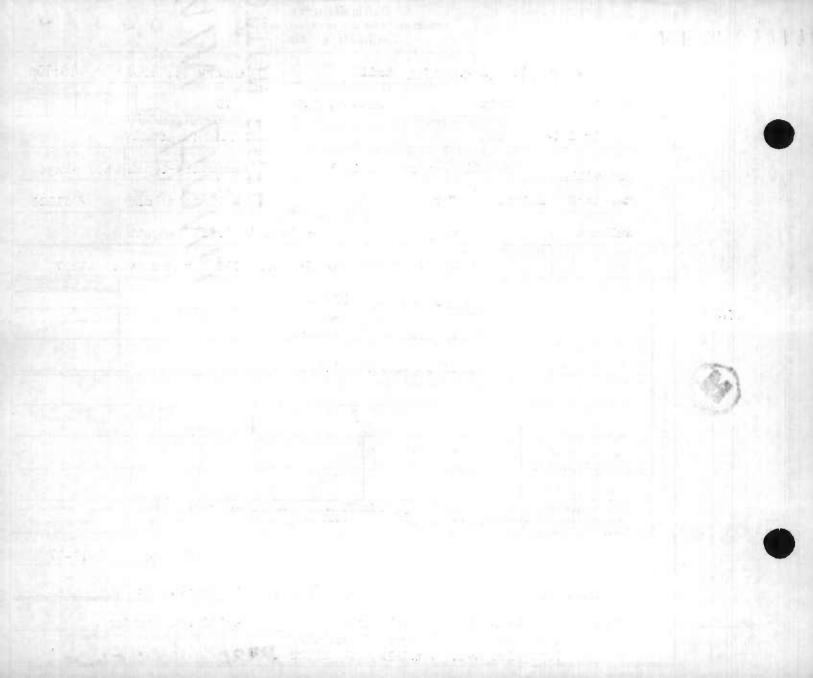


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040290 JAN	-9 8dk	UNKNOWN	#87 - 9			MARYLAND H AND MENTAL	HYGIENE	0.0	3 / 3	
	REGISTRA		WEL			CERTIFICATE	OF DEATH	REG. NO.		1
	1. DECEASED N (TYPE OR PRINT)	JAME FIRST	Laura	MDDeberar	adino	LAST Corti	2a DATE OF	KNOWN MONT	H DAY YEAR	26 HOUR
2 8 8 8 H	1	LAUI	RI	* in		BERARDINO		MATED 🛭 1	4 19 87	M
海岸五支路へ	3. SEX	4 RACE	S. DATE OF BIRTH	YEAR LAST BIR	THDAY) MONI		ER 24 HRS. 2c DATI		DAY YEAR	2d. HOUR
SSARY PLEAS AND DIRECTION OUR FUEL ESTON STREE	Female	White	Aug. 6,1	964 22	YRS.	DATS BOOKS	DEAL		5 19 87	4:05 Am
A SA	70 BIRTHPLAC	E (STATE OR	76. CITIZEN OF WH	AT COUNTRY?	8 MARR	IED NEVER MAI	RRIED 9. BALTIA	AORE CITY OR COU	NTY OF DEATH	
SAN SOL	Texas		U.S.A.		WIDOV		1 202	timore Co		MD.
S WEEP CO	ID CITY OR TO	WN OF DEATH		TITAL, NURSING HO		HER INSTITUTION	120. USUAL OCCU	PATION (TYPE OF WOR	OR INDUSTRY	
308420	Chas		Eastern	Blvd. & G	reenba	ink Rd.	Tax Asse	sor	City of	
AMY D AMP3 RETAIN	USUAL RESIDE 130 STATE New Yor	T3b COL	NE OR OTHER INSTITUTION, GIV JNTY	130 CITY OR TOW		13d INSIDE CITY LIMITS	13. STREET ADDR	33rd St.	10016-99	999
MD. MD.	14 FATHER'S N	IAME	MIDDLE			IS MOTHER'S MA	IDEN NAME			+
wi Zuna Fillal	Marc	0	MIDDLE	Deberara	dino	Judith	1	MIDDLE	Melochick	
C. BALTIMORE. URS AFTER DEA B. GIVE PAGES WITH FORM P T. PAGES I AN DIVISION OF	160. WAS DECE	ASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECU		17. INFORMANT			7.Y., N.Y.	10
ALTI ANTE SIONE SI	(YES, NO, OR U	10.123,0		451-43-8	3373	Jesse Con	ti 142 E 3	33rd St. 1	0016	
: 283-0	18 CAU	SE OF DEATH (Enter	only one couse per line	for (o), (b), and (c).)					APPROXIMATE IN	NTERVAL ND DEATH
ESTON ST IN 24 HOV IN ITEM 11 PERMI SIT PERMI HYGIENE, MOVAL.		I DEATH WAS CAU	IATE CAUSE (a) CO	mpression	asphy	xia with	multiple i	njuries		
SIT P ANG ANG	0			AS A CONSEQUEN	CE OF					
REPER PROPERTY.	gav	ditians, il any, whi e rise ta immedic	ite / (b)	•						
3/20		se (a) stating the <u>under</u> g cause last.	DUE TO, OR	AS A CONSEQUEN	CE OF					
I WEST	100		(c)							
0 23 448		NER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE	TERMINAL DISEAS	E DR CONDITION GIVEN IN	PART 1 (0).			
- CALL	19a DAT	E OF OPERATION	104 CONDIT	ION FOR WHICH O	DEDATIONIN	VAS BEDEODATEDS			In	
¥ SATE A	35	e or oremanon	178. CONDII	ON OR WHICH O	PERATION V	AS PERFORMED!			20 AUTOPSY?	
T SOUND T	210 EXTE	RNAL CAUSE WAS	21b. TIME OF	INJURY	71c H	OW IN HIRY OCCUP	RED LENTER NATURE OF IN	III IPV IN ITEM 18 PART 1 OR	YES 🔀	NO L
N SAME SAME SAME SAME SAME SAME SAME SAME		YING OR	HOURAN	MONTH DAY Y	EAR					
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DIV SEPTION SEPTION SE	WHILE	NOT WHILE		oad track		STREET	City or to		OUNTY	STATE
STANA	1	- 1000000000000000000000000000000000000	A V Tomas Tomas	1	GIE	stern Blyd enbank Ro		Bal	timore	MD
SE S		/	age of the remains desc	ribed above held o		sy X. Inspec	ion []. Inquiry	, ond in my	pinion	
A MENDEROS	deoth r	esulted fram	projeougn T	Acques (A.)	Suicide	. Homicide L	· Undetermined m	anner,		
W. ABERT	ACTUAL	- 14	1.1.1.1	SAM		TITLE (SPECIFY)	mt	DATI	1-5-87	
DICAL TETHE A SHO NEAL DEATH	SIGNATI	JME	a- 11	K	N	D. ASSISTA	nt_MEDICAL EXAM	AINER SIGN	1ED T-2-01	
MCWERT OF	EXAMINI (TYPE OR	PRINT) Cha	arles P. Ko	kes, M.D.		ADDRESS 111	Penn St.,	Balto., M	D 21201	
DAY DAY -	23a. BURIAL, CRI	MATION, REMOVAL		23t. NAME OF	CEMETERY C	OR CREMATORY	23d LOCATION			
07/84 BP	Buri	al	1-8-87	Geo. Wa	ash. Me	em. Pk.	Paramus	Bergen	New	York
25M	24. FUNERAL D		ADDRESS		2 5%	25a. DAT	E PECO BY READ	R PERSONAL PROPERTY.	Bern Hadring	2
(VR.A15 ME (5))	Mitchel	l-Wiedefe	ld Home 650	0 York Re	ad 212	212	4110 201	0	and order desire. I display	

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1449 JAN 21	81-	CTATE	G627, I /8/87,	tem #22d sjb	DEPA	RTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENES /	0 0	3	/ 3
		CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
may be poge 3	(1199	EV	elyn V	irginia	a Robey	Cottri	11	January 1	1, 1987		10:10p M
rs of	3. SE.	x Female	4	RACE White	9	5. DATE O	ch 1, 191,	6. AGE (IN YEARS LAST BI	RIHDAY) IF U	THS DAYS	IF UNDER 24 HRS
nerol din 72 hou		RTHPLACE (STATE OR FI		b. CITIZEN OF	WHAT COUNTS	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O Baltimore	OR COUNTY OF	DEATH	MD
by the fu	10 C	ROSSVI 1	100	1. NAME OF I	HOSPITAL, NUR HEACILITY, GIVE STI Lin Squa	SING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT TYPE OF WORK FOR MOST O Secretary	OF WORKING LIFE)	INDUSTRY	BUSINESS OR
filled in filled in filled in	130. S	AL RESIDENCE (IF NURSI	NG HOME OR O	ther institution.	13c. CITY OR TO Essex	FORE ADMISSION) OWN \$	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 2 Platea	/ ZIP CODE		21221
mplerel virthing	14. FA	Sulbert	м	IDDLE	Robey		15. MOTHER'S MAIDEN NA	me gia Pearl F	adgett	LAST	
n and col		VAS DECEASED EVER I		ED FORCES? WAR OR DATES)	166 SOCIAL SI 215- (ECURITY NO. 09-9861	Bonnie Moo:	ADDR		. 212	237
physicro mpapers moval.		18 CAUSE OF DEATH PART I. DEATH WA	IEnter only AS CAUSED	one cause per BY: CAUSE (a)	line for (a), (b), ardiopu	and ici.)	Arrest			APPROXIE BETWEEN C	MATE INTERVAL DNSET AND DEATH
NG PHYSICIAM: The low requires that the death certificate be executed within 24 hours oftending physician. The low requires that the death certificate be executed within 24 hours oftending physician and completely filled in by as the buriol-transit per the remove corban papers. Pages 1 and 2 should be fill the and Mental Hygiene it is the filled in the remove corban papers. Pages 1 and 2 should be fill or them 28 shows at the filled in the flau matter or the medical exeminer must be in a corked or them 28 shows at the filled in the flau matter or the medical exeminer must be in the flau matter or the filled in the flau matter or the filled in the flau matter or the fla	NO	Conditions, if any, gave rise to imm cause (a), stating underlying couse	ediote g the lost	DUE TO, OI	R AS A CONSE astriti	OUENCE OF	al Bleeding Failure NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 110	p
he low r on. hos s ene find	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	28a AUTOPSY? YES □ NO ☑	20b.)F YES, W IN CERTIFYIN YES	G CAUSES	
SICIAN: Ting physicing physicineteriol-tronsing intermination them 18 shiftern		210. ACCIDENT WAS UND. OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A	M. MONTH	DAY YEAR	216 HOW INJURY OCCURR				
VG PHYS offendir	MEDICAL	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	uE 🗌	11	REET, FACTORY, OFFI		211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
OR ATTENDO e hospitol or DIRECTOR: A ched for use ched for use Ched for use them 21 is m		22a E certify that (IX saw the decease above XI) (we) (d 22b. SICHA TO E	(this hospital dalive an Lid) (dixiX)	January view the body	e deceased fra 19 ofter death.	8/	net 23 19.86 and that iXXy) (aur) opinion of DEGREE ATTENDING	, to January death accurred an the d MEDICAL STA		d from the c	
TO HOSPITAL reformed by the TO FUNERAL should be deto with the Store I MMPORTANT. III		22d. PHYSICIAN'S NA	Massar	i, MD	ssar		PHYSICIAN [220 ADDRESS 9000 Franklir	DIRECTOR PHYSIC	CIANDA		1–87
	23a E	URIAL, CREMATION, F	REMOVAL				EMETERY OR CREMATORY	23d LOCATION		YINUC	STATE
BP	24.5:	Burial		1-15-8		Oak L	awn	Baltimor	e Maryl	and	
DHMH - 16 60M 7/B4 (VRA 15, 4)	Z4 FU	JNERAL DIRECTOR NAME		-Ruck F Wise A		Home o	f Dundalk 250 DATE MD 21222	REC'D. BY REGISTRAR	25b. REGISTRAF	'S SIGNATU	JRE



	1				STATE	OF MARYLAND			1 1
	1	FOR STATE		DEPARTM		EALTH AND MENTAL HY	GIENE 8	0 0	0//
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THE OWN OWN		CEASED NAME FIRST		MIDDLE	2 17	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
noy be	(14)	EORPRINT) MAYRA	eret	R. C	res	PD	/	9	87 1420 M
mo .	3. SI	х /	4 RACE		5. DATE O		6 AGE IN YEARS LAST BIRT	HDAY) IF UP	NDER I YEAR IF UNDER 24 HRS
rector ors of		Female	White		June		98	YRS	
P 2 2 2 3/6	70.8	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIET	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH
de ort	1	New York	_1	.A.	WIDOWE	DINORCED [Baltimo	re Coun	
he for with	100	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST O		26 KIND OF BUSINESS OR
10 20 10 10 10 10 10 10 10 10 10 10 10 10 10)	Randallstown				neral Hospita	School T	eacher	
o the	13a.	STATE LIBERT (IF NURSING FOME		GIVE RESIDENCE BEFORE A		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	21210
AN 24		Maryland		Baltimore	9	YES 🔀 NO 🗌	4322 Rola	nd Spri	ng Drive
RYL vithi 2 s s	214. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WIDDIE		YZAL
MAI be ad a sold of the sold o	74	Humberto	Middle	Crespo	-	Lula	MIDDLE	Unk	nown
d co	16a	WAS DECEASED EVER IN U.S.	RMED FORCES?	166 SOCIAL SECUR	ITY NO.	17. INFORMANT	ADDRE	SS	
IMO Pogo	2	(YES NO OR UNKNOWN) (IF YES,	SIVE WAR ON DATES!	129-30-46	589	Gustav J. Cr	respo Same	as #13.	
BALI ore to person		18. CAUSE OF DEATH (Enter	only one couse pe	rine for 101, (b), and	ICI.)	-			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 4 5		PART I. DEATH WAS CAU	ATE/CAL PTO	INK CSA	196	lory +	aldure		
NO G G	1	13 W 41 M	DUE TO.	OR AS A CONSCOUE	NCE OF	. / /			
ESTO death		Conditions, if ony, which	(b)_	Papell	mo	MA			
a s N		gove rise to immediate couse (a), stating the	DUE TO C	OR AS A CONSEQUE	NCE OF				
thot by cose ol, c		underlying couse lost.	(c)_						
res gned n ple buric		PART 2. OTHER SIGNIFICAN	CONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN I	IN PART 110
RDS	o N	MSHD	. 01	YF.	1)10	189188416	1368 .		
ECO ow prio	CERTIFICATION	19a DATE OF OPERATION	196 CONE	DITION FOR WHICH O	DERATION	WAS PERFORMED	200 AUTOPSY?		ERE FINDINGS USED G CAUSES OF DEATH?
ALR he l on. hos iene		The ballion of the					YES NO	YES [
ON OF VITA ITSECIAN: TI ding physicia is certificate buriol-fronsil mem fol ship	2 8	21a. ACCIDENT WAS UNDERLYING		OF INJURY	V VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)
SICIA ng ph certif certif entol-t	7 3	OR CONTRIBUTING CAUSE OF I	EATH	P.M.	19	ALC: UNK			
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DIVISION ING PHYSI Operating of the built on Merical American Orkedor the Corkedor	>	WHILE NOT WHILE AT WORK	(AT NOME, 3	INTELLIFACIONI, OFFICE PA	im, etc.)				
NDIP I or I or		220 I certify that (I) (this has	pitol) ottended t	he deceosed from		. 19	, to	. 19_	that (I) (we) lost
ATTER Sprito SCTON d for n 21 i	-	sow the deceased alive obove, (I) (we) (did) (did	on	v ofter death.	, on	d that in (my) (our) opinion	death occurred on the de	ite and hour and	d from the couses stated
OR A DIRECTOR A DIRECTOR OF THEM		The SIGNATURE	/	2 1	, [DEGREE			220 DATE SIGNED
Y the SAL D detached by the D		+ March	1 -8	78001	,)	ATTENDING PHYSICIAN [MEDICAL STAF		1/9/87
- 0 0		THE PHYSICIAN'S MAME IN	ORPHOVE		/	22e ADDRESS	1	7	11
TO HOSP retoined I TO FUNE should be with the		HAFEET	H	SYED	n'D	BALTIMO	RE COUNT	TY BE	IV 1/03P.
or o	230.	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23t. N	AME OF C	EMETERY OR CREMATORY	234 LOCATION		DUNTY STATE
BP		Cremation	Jan.1	2,1987 We	stvi	ew Crematory	Baltimor		
DHMH - 16 60M 7/84		UNERAL DIRECTOR					TE REC'D. BY REGISTRAR	256. REGISTRAR	SSIGNATURE
(VRA 15, 4)		uck Towson Fun	eral Hom			Md. 21204	AN 121987	Autis 1	witin Prilare

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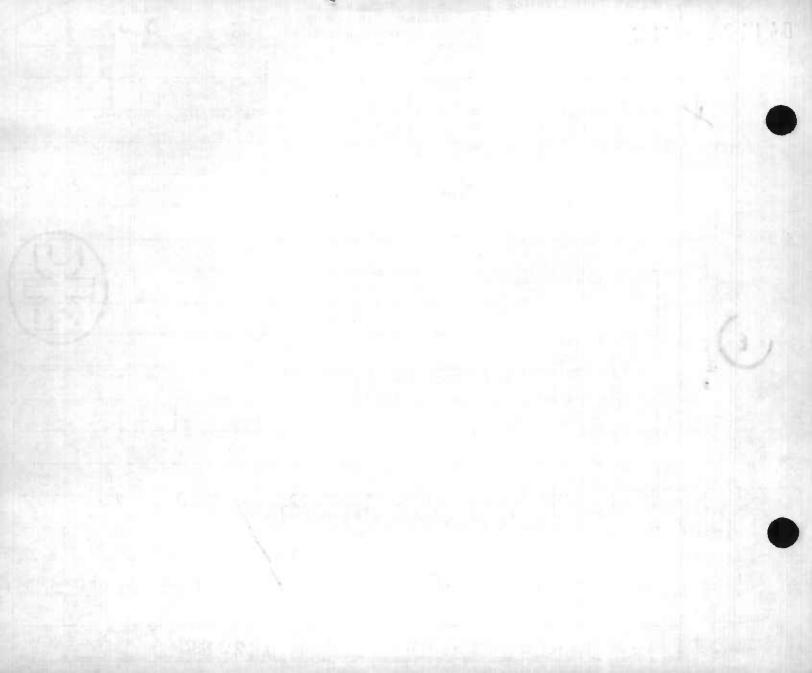
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FFR	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 Z	0 0 3	13
1.0		CEASED NAME FIRST	WIDOLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	2h HOUR
	(1466	MARI	A McEvoy		CROMWELL	1/29/8	37	12:21 4
33	3. SE		4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS	IF UNDER 24 HRS.
λ		Female	White		22, 1902		RS.	
23		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIE WIDOW	D NEVER MARRIED DIVORCED	Baltimore (MD
De led	2	TOWSON TOWSON	Greater Baltimo	ore Me		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Homemaker	ING LIFE) INDUSTRY	Home
ag y	13a S	AL RESIDENCE (IF NURSING HOME C TATE 136 COU MD Bal		NWN	13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS / ZIP C 2007 W. Jop	pa Rd.,	21204
30 Stormine) FA	THER'S NAME FIRST Patrick	J. McEve	ру	15. MOTHER'S MAIDEN NA FIRST Annie	WIDOLE	Gallag	gher
/wedico	(VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES G	RMED FORCES? 166 SOCIAL SE IVE WAR OR DATES) 216 46		17 INFORMANT P. McEVOV	Cromwell.	Towson	. MD
ury, or other traumatic elem	7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	only one couse per line for (o), (b), ED BY: DUE TO, OR AS A CONSEC (c) CONDITIONS CONTRIBUTING T	DUENCE OF		Pracesic MINAL DISEASE OR CONDITION	iy e	eas.
the day	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	ON WAS PERFORMED		IF YES, WERE FINDING CAUSES	
9		21a. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI	EATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART ?	
rked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
21 H mo		sow the deceased alive a	n //28 19	6/7	nd that in (my) (and apinion	, to		that (I) (we last causes stated
ANT. If Hear		22b. SIGNATURE 22d. PHYSICIAN'S NAME LIVE	7 Her	٨	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE	SIGNED FIF7
MPORTA		Dr. William	n F. Fritz, MI		2 W. Unive	rsity Pkwy.,	Balto.,	MD
		surial, cremation, remova Surial	1/31/87		Cathedral	Balto.,	M	
A 7/84 4)	4		ry W. Jenkins. Balto. MD	& Sor 212	D CO.	1E REC D. BY REGISTRAR 256 RE	GISTRAR'S SIGNAT	UREAR

hito July 22, 13084 EJ TE I e of contract 1007 M. Jones Fd., 11204 Ve lto. Toven C-1. Thor Patrice J. volvov 1 = E TE LE LO VOY INON VEIL, TOVION, NO Dr. Villens F. Fritz, MD 2 V. Univar ig Bow., Balto., No 1'11'7 New Setheral Esito., Juril Hear M. Jenin & Dr un. 125 Yar 10 della, 111

		FOR	DEPART	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	CIENE	
041439 J	11/2	REGISTRAR	DEFAR	CERTIFICATE OF DEATH	8 REG. NO	00011
		CEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 26. HOUR
moy be poge 3		RUTH	E. (Dorsev)	CROWNER	1	15 87 1:15 M
mo)	3 SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER I YEAR IF UNDER 24 HRS
oge 4	1	Female	Black	9 5 13 YEAR	73	YRS DAYS HOURS MIN.
2 ho	Ja B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
deot	2	Maryland	USA	WIDOWED TO DIVORCED	Baltimore	City MD.
s offer of by the followith	10 0	Baltimore	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 01d Court N. H	NG HOME OR OTHER INSTITUTION TADDRESS)	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
within 24 hour	13a	Maryland 136 ATHER'S NAME FIRST	OR OTHER INSTITUTION OF STEEDENCE BEH	READAISSIONS AND LINE STOPE AND LIN	130 STREET ADDRESS / 4815 Valle	zip code 2/133 ey Forge Rd.
de d	_	Dennis	Johnson	Se. Clara		Davis
bud sage			ARMED FORCES? 166 SOCIAL SEC		ADDRES	
rs. Pe		0			nson Jr. 852	5 Winnans Rd.
physic onpope emoval,		PART I. DEATH WAS CAUS	only one couse per line for (a), (b), a SED BY: ATE CAUSE (a).	Rosal feril	ano.	BETWEEN ONSET AND DEATH
cer ling ribo		17111251	DUE TO, OR AS A CONSEQU	IENCE OF		
1 11		Conditions, if any, which	(b)	Artevisselve	445	
(1)		gave rise to immediate couse iai, stating the underlying couse lost	DUE TO, OR AS A CONSEOL			
equire 5 signe Then p 10 but npry,	N O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART 110
in The low repysicion. roote has beer ronsit permit. Hygiene prior 18 shows any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICE	HOPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
hysicior hrons the Hygier Hygier 18 shov		21g. ACCIDENT WAS UNDERLYING	- 110110 111 11011711 0	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
StC12	MEDICAL	OR CONTRIBUTING CAUSE OF D	rewin.	19		
d ≥ bis d ≠	ED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	FARM FICE STREET	CITY OF TOW	N COUNTY STATE
ING PI	2	AT WORK NOT WHILE	TATIONE STREET, TACTORY, OFFICE,	PARM, CIC J	1	<i>></i>
A A A A A A A A A A A A A A A A A A A		22a 1 certify that (1) (this has	pital) attended the deceased from.	19.5 %		. 19
TTE prito prito for of H		saw the deceased alive a	on 19 19 19 19 19 19 19 19 19 19 19 19 19	ond that in (my) (aut) opinion	death accurred on the dat	e and hour and from the causes stated
OR A DIREC Oched Dept	1	226 SIGNATURE	- (1)	DEGREE		224. DATE SIGNED
			Mille	ATTENDING PHYSICIAN	MEDICAL STAFF	AND 11.5-NZ
HOSPITAL ned by the FUNERAL old be det of the Store ORTANT.	1	22d PHYSICIAN'S NAME (Type	OR PRINTED	22e ADDRESS		
TO HOSPITAL TO FUNERAL should be deter with the Store		morton J.	Ellin, m.D.	5310010	1 Court Roo	id Randall Stown moz
F 6 F 2 7 7	23a	BURIAL, CREMATION, REMOVA	AL 236. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COLATA
BP		Burial	1/ 18 / 87 3	St. Thomas Ch. Cem.	Randalls	town Md.
DHMH - 16 60M 7/84		UNERAL DIRECTOR	A200 II. I PADDOCCC	25g. DA3	E REC'D. BY REGISTRAR 2	b. REGISTRAR'S SIGNATUREA
(VRA 15, 4)		W.C. March F.H	. 4300 Wabashoo Ave	2.	AN 2 0 1987	Alia Dividson Randalls



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

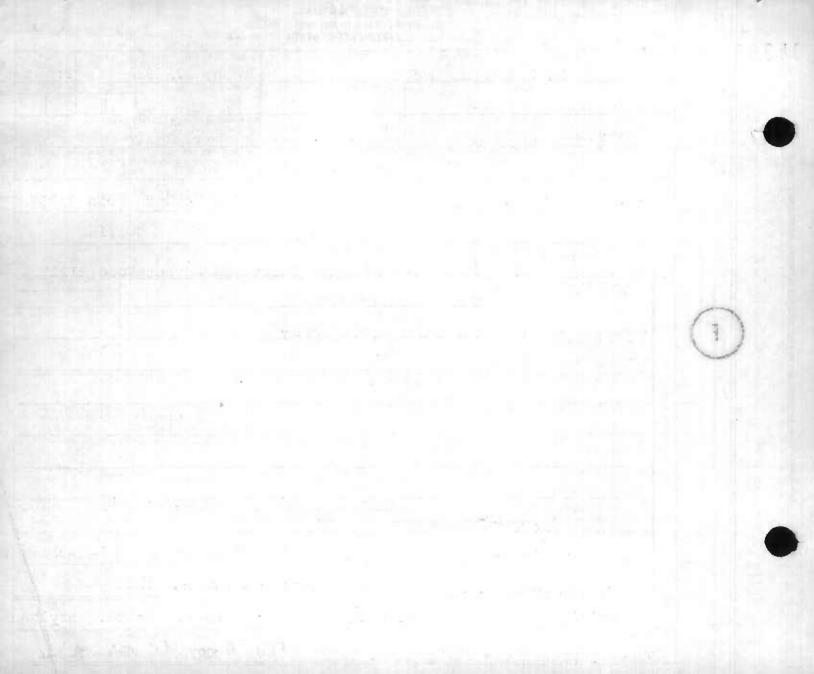
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REG. NO.					

	-	STATE REGISTRAR				CERTIF	ICATE OF DEATH	8	REG. NO.	0 0	440	9	
-	I. DEC	PASED NAME	FIRST		MIDDLE	ı	AST	2a. DATE OF	DEATH M	NONTH DAY	YEAR	26 HOUR	
			Calvi	n Charl	es CRUS	SE	Service of the servic	Januar	ry 30,	1987		2:00	a _M
	3. SEX			4 RACE		5. DATE C		6. AGE INY	EARS LAST BIRTH	IDAY) IF UN	DER I YEAR	IF UNDER 2.	4 HRS
	.05	Male		Whit	e	Aug	ust9 1924	62		YRS	DATS	HOURS	MIN.
	7a. BI	RTHPLACE ISTATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMO	RE CITY OR	COUNTY OF D	DEATH		
1		Marylar	nd	US	SA	WIDOWE		Baltin	nore C	ounty			MD.
1	10 CI	TY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) D1Sabled 17b. KIND OF BUSINESS OF INDUSTRY					
1		Rossville					Hospital	Disa	bled	WORKING (IFE)	NDUSTRY		
5	13a S	L RESIDENCE (# NURS) TATE Md.	136 COUN	TY . to .	13c. CITY OR TOW Rosed	'N,	13d INSIDE CITY LIMITS?	13 STREET	ADDRESS /	ss/zip code eyburn Road 21237			7
1		THER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	WIDDIE		1.45		
	(Charles		NDOLL	Crusse		Mary		WIDDIE	Col	lins		
		AS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRES	S			
E		Yes		711	216-18-	6034	Irene Lade	r 180	OWest	nurnRo	ad 2	1237	
ì		18 CAUSE OF DEATI	H (Enter an	y ane cause per								MATE INTERV	AL EATH
		PART I. DEATH W		E CAUSE (a)	Cardiopul	monar	v Arrest						
			INVICE DIVI		R AS A CONSEQUE			5 - 3					
H		Conditions, if ony,	which				diomyopathy						
		gove rise to imm cause (a), statin	nediate a the		R AS A CONSEQUE								
		underlying couse		1000 10,0	K AS A CONSCOOL	LIACE OF							
		PART 2. OTHER SIGN	VIFICANT C		ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	E OR COND	ITION GIVEN I	N PART II	a	
	CERTIFICATION												
-	CAT	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	OPSY?	206. IF YES, WE	RE FINDI	NGS USED	13
<	TIF							YES 🗌	NO	YES [NO [17
3		210. ACCIDENT WAS UND	-	216 TIME O	FINJURY M. MONTH DA	AV VEAD	216 HOW INJURY OCCUR	RED (ENTERNA	ATURE OF INJURY	IN ITEM 18 PART 1	OR PART 2)		
7	SAL SAL	OR CONTRIBUTING C		10	M.	19							
	MEDICAL	21d. INJURY OCCURE	RED	218 PLACE	OF INJURY	ADAL ETC.)	211 LOCATION STREET		CITY OR TOW	N I	COUNTY	514	ATE
d	2	AT WORK AT WOR	RK C	(AT HOME, SI	LELI, PACIONI, OFFICE, P	ARM ETC J				0.0	07		
		220.1 certify that (X	(this hospit	ol) attended th	e deceosed from 1	Januar	ry 27 , 19 <u>87</u>		inuary			that (It (we	
		saw the decease abave, (X (we) (c	d alive an	January	after death	.8/, 01	nd that in 🔭 (aur) apinion	death accurre	d an the dat	e and haur and	Iram the	causes state	ed
		226. SIGNATURE	0 10				DEGREE				22c. DATE		
		Scuoh	2 Cl	bus		/	M.D. ATTENDING	MEDICAL DIRECTOR	STAFF	AND	1-30)-87	
1		22d. PHYSICIAN'S NA	ME (TYPE OF	R PRINT)			27e ADDRESS		184	02000	11, 17	4	
		Sarah	L. Ow	ens, M.	D.		9000 Franklir	n Squar	re Dr.	, 21237			
11/	23a B	URIAL CREMATION	REMOVAL	23b. DATE	23c h		EMETERY OR CREMATORY	23d LOCA					
	1	Buria.	1	2/2/	/87 St	.And	rewsCemeter	y Du	indalk	k Balt	6. M	aryl	and

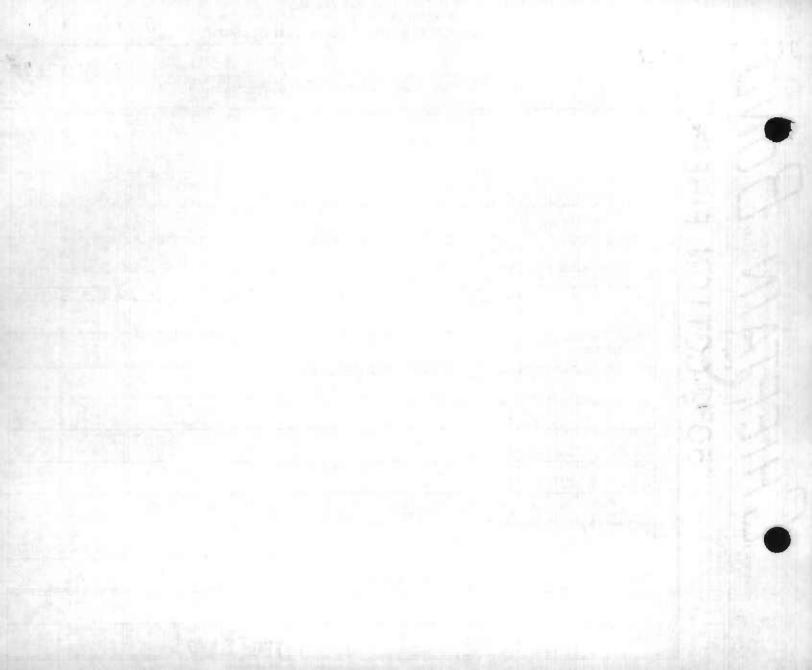
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR ConnellyFuneralHome 300MaceAve. 21221

750 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
FEB 4 1987 Alia Dividen Lander



STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN IT OF ESTI-DIRECTOR. OUR FILES. 472 HOURS THEI MA VIRGINIA DEATH MATED CUE 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD EMALE BLACK 8 19 1903 83 YRS 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WASH. C. D. WIDOWED XX DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION BALTIMORE PRACTICAL CHILDRENS NURSE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION TREET ADDRESS Maryland 21228 13c. CITY OR TOWN MARYLAND BALTIMORE Winters tane Baltimore FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST HATCHER FLOSSIE TOMS 166 SOCIAL SECURITY NO 17. INFORMANT Baltinge Marylano 21228 DIVISION TYES NO OR UNKNOWN NO 213-20-1863 Edward Coe 5911 Old Frederick Road 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION FORM STATE OF THE CHIEF TO STATE PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF HE 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. TIE PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK ALWORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held on Autopsy and in my opinion Homicide Undetermined manner TITLE (SPECIFY) DATE MEDICAL EXAMINER SIGNE EXAMINER'S NAME TYPE OR PRINT 234 LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE COUNTY BURIAL 2/06/1987 WESTERN STAR CEMETERY BALTIMORE 07/84 BP 24 NORTERE & SONS FUNERAL HOME, INC. 255 REGISTRAR'S SIGNATURE 250. DATE REC'D. BY REGISTRAR **DHMH - 17** 2501 Gwynns Falls Pkwy. Baltimore. Md. 21216 (VR A15 ME (5))



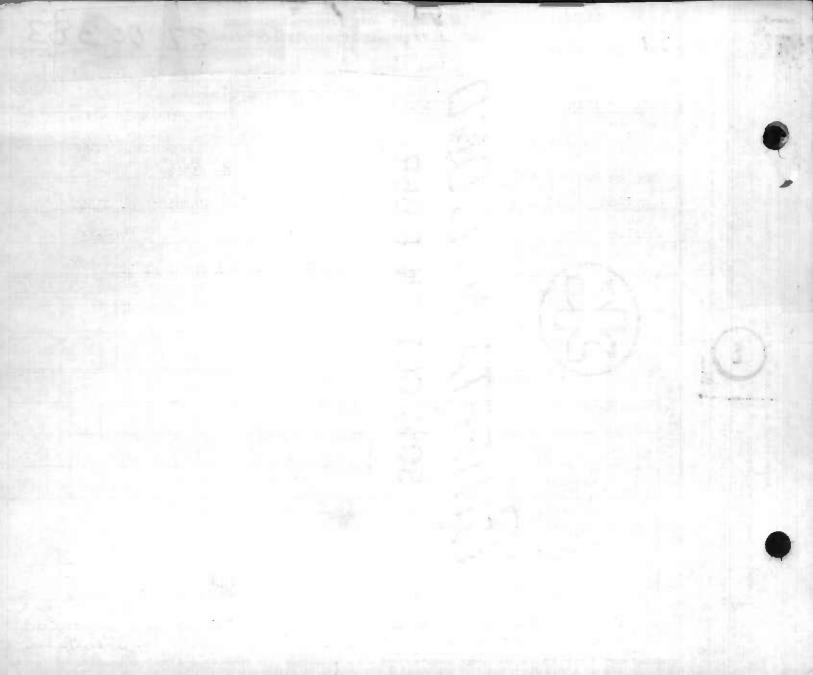
STATE OF MARYLAND

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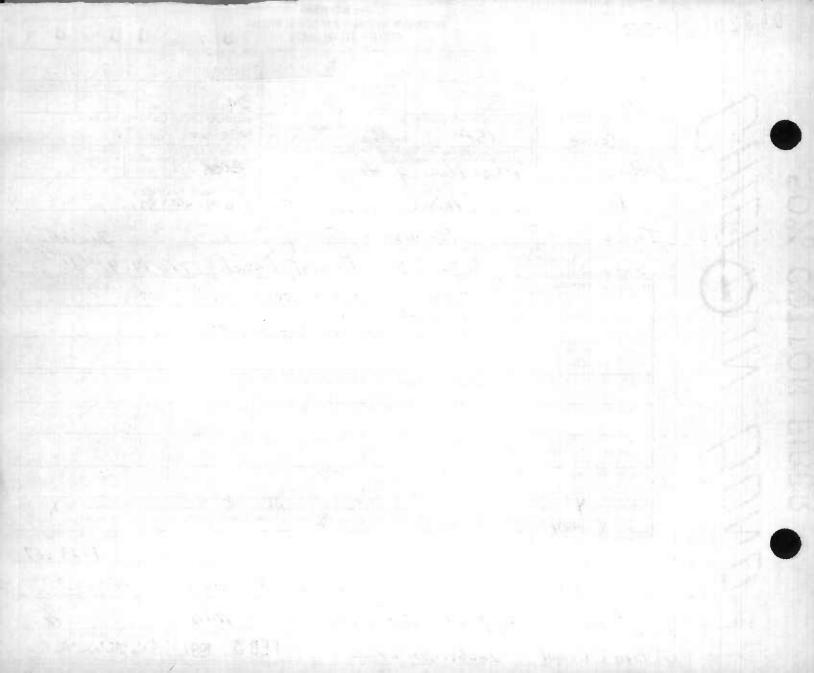
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e 4 moy be ctor page 3 s ofter death		P	aul	J.		ulotta	January 9 1987 10			10:00 R
frer p	3. SE	Х	4 RACE		S. DATE C	DAY YEAR	6 AGE JIN YEARS LAST BIRTHDAY	MONTH	DER I YEAR	IF UNDER 24 HRS
oge urs o	1	Male	Whit		Septe	ember 1, 1900	86	YRS.		
erol director 72 hours offe		IRTHPLACE (STATE OR FOREIGN	1	F WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF D	EATH	
0 5 5 6	100 0	Maryland ITY OR TOWN OF DEATH	U.S		WIDOWE		Baltimore o			MD.
s ofter d	F	owson	St. Jo	OSEDH HOSE	ital	OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WO Electrician,	RKING LIFE) IN	JDUSTRY	levator
4 hou	USU 13e.		ME OR OTHER INSTITUTIO	N, GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIE	CODE		
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with a self	2) E	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE	1/4/5	LAS	T
per of a second	/	Vincent	Р.	Culotta		Rose		Lib	erto	
ond o		VAS DECEASED EVER IN U. YES, NO OR UNKNOWN) JIFY	 ARMED FORCES? ES, GIVE WAR OR DATES) 			17 INFORMANT	ADDRESS			
S. Po				577-05-		Angela Strove	el, same as #.	13e		
or o		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS C.	ter only one couse P AUSED BY:	er line for (o), (b), on	id (c).)	Ω Λ	0	-	BETWEEN	MATE INTERVAL ONSET AND DEATH
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		Conditions, if ony, which gove rise to immedia	te)	28	pa	23				
office of the		couse (o), stoting the underlying couse los		OR AS A CONSEQU	ENCE OF					
a page 4		PART 2 OTHER SIGNIFICA	ANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN	PART 110	
The state of the s	N N	Seve	e CV	AZR) he	misarer	s PVD			
* A 10 A /	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		LIF YES, WEI		
25 25 20	FIE	1/4/87	E	mbole	etan	ny	YES NO	YES 🗍		NO [
21 111 80		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE	110.10	OF INJURY A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	TEM 18 PART I C	OR PART 2)	
38 19117	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA	AMINER)	P.M.	19					
AG PHS attends to the th hand A	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	CAT HOME	E OF INJURY STREET, FACTORY, OFFICE, I	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	C	OUNTY	STATE
0 4 4 5 5 d		220 1 certify that (I) (this	hospital) attended	the deceased from_		1983		. 19_		that (I) (we) lost
2 8 5 G 6 F 1		sow the deceased of	id not view the bod	y father death.	7-19	d that in (my) our) opinion of	death occurred on the date o	nd hour and	Irom the d	couses stated
AL OR AL DREAM DEPORT		22b. SIGNATURE	u 11/9	Short	shi	ATTENDING PHYSICIAN	MEDICAL STAFF		DATE S	SIGNED
Se de bione		22d PHYSICIAN NAME	YINCOLANGE OF E	30 -1	/	22e ADDRESS		Λ	1	
TO HOSF retained by TO FUNER should be dewith the Stoll IMPORTANT		ALAN	M	HOROF	SKY	1 660 KEN	UNILWCRIFF	HVE	= 2	21207
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BP		Burial	1-13-	87 D	ulane	Valley .	Timonium,	Mary	land	
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(VRA 15, 4)	RU	ick Towson Fu	neral Hom	e, Inc. To	wson, N	1d.21204	1 4 1301 gma	Devide	2.60	dell.

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	000 N N N N N N N N N N N N N N N N N N	1	18 CAUSE C	FATH WAS	Enter anly o	ane cause per	line far (a).	(b), and (c).)			-	1					SET AND DEATH
20	A MANAGEMENT		493		MEDIATE	CAUSE (a)		re Diso		- 55-	0-6						
EST	MONTH NO		Canditio	ns, if any	udsials	DUE TO	, OR AS A C	ONSEQUENC	E OF								
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ä	943740		lying car) stating thuse last.	e <u>under</u> -	DUE TO	, OR AS A C	ONSEQUENC	E OF								
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- 10	SET SET	MEDICAL CERTIFICATION	190. DATE OF	OPERATIO	NC	196 CO	NDITION FO	OR WHICH OP	ERATION W	AS PERFOR	MED?	7				20 AUTOPS	Y?
A	NORD TO HE	H				3										YES 🔀	NO 🗆
*	A HE WOOD BE TO BUT TO	CER	210 EXTERN.		WAS	216 TIM	E OF INJURY	TH DAY YE	21c. H	OW INJURY	OCCURRED	D (ENTER NAT	URE OF INJURY IF	N ITEM 18 PAR	T 1 OR PART 2	4 %	
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ō	られるはほど	2	WHILE AT WORK	AT WOR	K								. TOICTOWN		COOM	100	SIAIE
			22a. I cert	fy that I to	ak charge c	of the remains	s described o	ibave, held an	Autap	sy X	Inspection		Inquiry	and	in my apini	an	
	AMINER: REFICATE DE FOR BE FOR MITH THE S		death result	ed fram:	Natural	causes 📈	Accide	nt 🔲,	Suicide	, Hamic	ide .	Undeterr	nined manner		, -, -,		
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	A H S A E H		ACTUAL SIGNATURE	10	L	-	5/			ASS:	istant	t_MEDICA	AL EXAMINE	R	DATE SIGNED.	1-24	-87
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07784 25M	BP-//T	24 F	Crematic	On	1	-26-87	1	Westvie	w Cem	etery	Sa DATE D	Balt	imore GISTRAR 2	Sh. PROJET	PAR'S SIG	Mary	land
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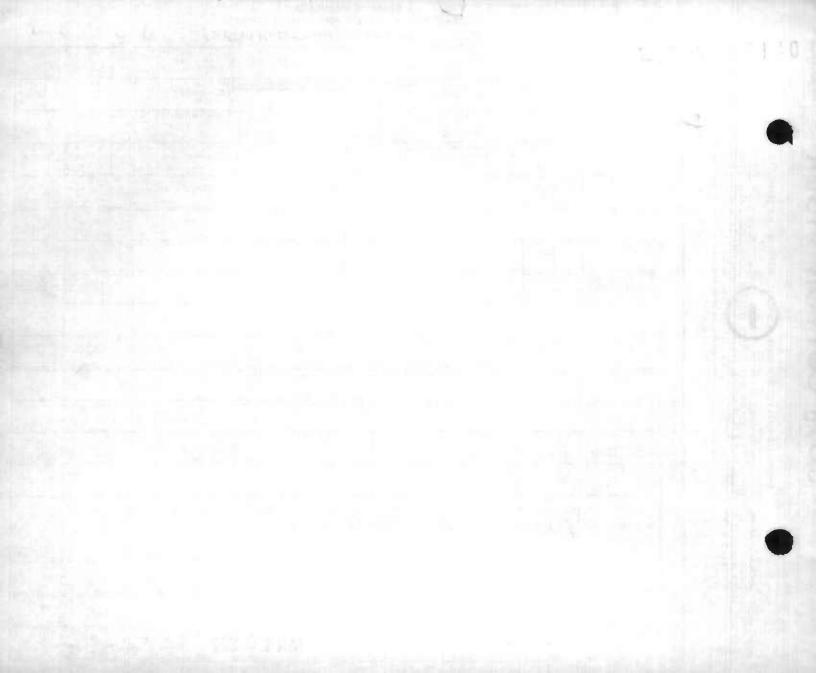


043206 F	B :	FOR 7 STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	B LEG. NO.	0384
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1 11	1.00	James	L DANI	ELS	January 29	1987 1:53 p _M
2 63	1.5E	X 4	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
rector		M	B	2 18 62	24 YRS	MONTHS DATS HOURS MIN.
1 12 1		COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	Baltimore Court	ntv
	190	TOWN OF DEATH	NAME OF HOSPITAL, NURSING	WIDOWED DIVORCED HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (1ype of work for most of working Lii	12h KIND OF BUSINESS OR
8 1/2-1	14	AL RESIDENCE (IF NURSING HOME OR OTH	Hranlen S	1. Hosp.	COOK .	
2 2 2	30	STATE 131 COUNTY	13c. CITY OR TOWN		130 STREET ADDRESS / ZIP CODI	
E 1 10 40	PEE	ATHER'S NAME		15. MOTHER'S MAIDEN NA		1457
* 1 1/1/	0	TAMES	Vaeni	We SAIL	WIDDLE	Danciele
# 21 3		MAS DECEASED EVER IN U.S. ARME		TTY NO. 17 INFORMANT	ADDRESS	10. Phila
		UNENOWN	176-56-	2717 Ernest D.	ANICIS 116 N	1, 49 HSt. 19,39
THE PARTY OF THE P		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED E	CAUSE (o) Cardio-	Respiratory Arre	st, Right Upper	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO 6 988 5-			DUE TO, OR AS A CONSEQUE	umonia.		
Sea offer of the state of the s		Conditions, if ony, which gove rise to immediate	(b) Possible	Acquired Immun	e <u>Deficiency.</u>	
1 W. P		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
Cost of the cost o	NO	PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	VEN IN PART I to
DIVISION OF VITAL RECORDS ING PHYSICIAN The top require of the during laby scale to the this certificate has been ingoon the os the busician from the firm of Mental Hype the prior to be orkedor then 18 shows provinging or seed or then 18 shows provinging or the during the prior to be orkedor then 18 shows provinging the prior to be orkedor then 18 shows provinging the prior to be orkedor then 18 shows provinging the prior to the p	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
DEVITA Physics 1500s	10000	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	
HYSK ding ding the buric	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	211 LOCATION		
OlVISIG Offer th os the hond orked o	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FA	RM, ETC) STREET	CITY OR TOWN	COUNTY STATE
Meolin Sing	19	22a. I certify that ((this hospital)	anuary 29 19		January 29	19_8/, that (X (we) lost
Sport CTC CTC as port of the control		sow the deceased alive on obove, in (we) and his light	iew the body ofter death.		death occurred on the date and hou	ir and from the couses stated
OR be hor be hor be hor be hor be hor be her		22b. SIGNATURE	1	DEGREE	MEDICAL STAFF	224 DATE SIGNED
# # # # # # # # # # # # # # # # # # #	1	160 - To a	n B	PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1-29-87
PUNE AT A TANK		224 PHYSICIAN'S NAME (TYPE OR PR		22e ADDRESS		D 31 04007
01 01 W		R. Fontenot	MD.		lin Square Dr.,	Balt. 21237
10 9 BP 1	2300	BURIAL CREMATION, REMOVAL	236. DATE 236. N	AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY PLATE
DHMH - 16 50M 7/B4	24 F	UNERAL DIRECTOR	ADDRESS	25a. DAT	E REC'D. BY REGISTRAR 25b. REGIST	
(VRA 15, 4)	M	Illiam C. Brown	1206 W. NOT	th Ave FE	B 3 1987 Autia	Dividen Rudale



Letting .n. affinett first militare Drenator Construction medications - examinate business BOYEL . STIDEL ins "will 222 19 7873 Japhalle Lavin, wife date | THE STATE OF THE S

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J 4 1	282 JVI	1.198	E OUP INT)	FIRST		MIDDLE			LAST		20	OF	KNOWN ESTI-	MONT	TH DAY	YEAR	26 HOUR
	OR. OR. URS. EET,	3. SEX			IDALL	T.			EAN					X 1	18		M
	HE FUNERAL DIRECTOR. GE 5 FOR YOUR FILES. O) W. PREJUN STREET.		Male	Black	3/31/8	AY YEAR	6. AGE (IN YE LAST BIRTHD	AY) MONT	DER 1 YR.	HOURS		C DATE RONOUN DEAD	NCED	MONTE			8:10 AM
	A NO		RTHPLACE (STA		7b. CITIZEN OF	WHAT COUN		RS. Q			9.			OR COU	18		I Am
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	N S S S S		ITY OR TOWN C		11. NAME OF H	HOSPITAL, NU					12a. USUA	AL OCCUI	PATION (1	TYPE OF WOR	K 12b K	IND OF BU	
	Y DELAY IS NECES OUT THE FUNER		Catonsvi	lle		HEACILITY, GIVE S					FOR MO	OST OF WOR	KING LIFE)		0	OR INDUSTR	**
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MD.	ENZYED A	14. F	ATHER'S NAME		MIDDLE		LAST		15. MOTH	ER'S MAIDE	NAME		IDDLE			LAST	
	O CENTRAL		Emanue1			Dea			Mar	CV			ather	ine	1	Redd	
INO MI	F PAGE F PAGE ON D	16a V	WAS DECEASED	EVER IN U.S. ARA	MED FORCES?	16b. SO	CIAL SECURIT	Y NO.	17. INFOR	MANT			ADDRE				
BALTIMORE,	RS AFTER B. GIVE PA WITH FOR I. PAGES I DIVISION		No		-		I/A		Mar	cy C.	Dean	357	Beau	mont	Ave	2122	8
H.	E, DI		18 CAUSE OF	DEATH (Enter on	O RY.			- 11								APPROXIMATE TWEEN ONSET	INTERVAL
16	AL SERVICE			IMMEDIA	re CAUSE (a)				ath S	yndro	me						
Esto	HYC		Conditions	s, if ony, which	DUE TO,	OR AS A COM	NSEQUENCE	OF									
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201			lying cous		(c)	OR AS A CON	ASEGUENCE	OF									
RDS.	D BE DECUTE ENDING THE WED! AS A BUD AN ALTH AND AN CREMATION,		PART 2 OTHER SIGI	NIFICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NOT RELA	ATEO TO THE TERM	AINAL DISEAS	E OR CONDITIO	N GIVEN IN PA	RT 1 lov.						
5	A AS A AS A CRE	No.															
ALR	OULT D. P. D. P. P. D. P. P. D. P. P. D. P.	CERTIFICATION	19a. DATE OF	DPERATION	196 CON	NDITION FOR	WHICH OPER	RATION W	AS PERFOR	MED?						AUTOPSY?	
- I	T BURNET	E	21a EXTERNAL	CAUSE WAS	21h TIAAF	OF INJURY		214 14	OW INJURY	OCCURRE	D. CALIFORNIA	Trung Or had				YES X	NO [
DIVISION OF VITAL RECORD	HIS CERTIFICATE SHOULD BE DOWNTING THE WORD "PENDING ARDED TO THE CHIEF MED AGE 3 SHOULD BE USED AS A RET DEPARTMENT OF HEALTH AT 1201 PRIOR TO BURIALL, CREMA		UNDERLYING		HOUR	A.M. MONTH	DAY YEAR	R	JW INJURY	OCCURRE	D (ENIERNA	TURE OF IN	JURY IN ITEM	ISPARITOR	PART 2)		
/ISIO	CERTIFING TOPED TO	MEDICAL	21d INJURY O	CCURRED	ZIe PLAC	CE OF INJURY	(AT HOME,		CATION								
P	MINER: THIS CANDERS THIS CANDERS THIS CANDERS FORWARDS CTOR: PAGE 3 THE THE STATE DYLAND, 21201	8	AT WORK	NOT WHILE AT WORK	STREET,	FACTORY, FARM, E	TC.}		STREET			CITY OR TO	WN		COUNTY		STATE
	ATE, ORW, ORW, F, P, HE ST VD, 2		22a certify	that I took more	e of the remains	described abo	e, held on	Autop	sy X.	Inspection	n .	Inquiry		and in my	apinion	1	
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	MED AND		EXAMINER'S N	iame Ch	narles P	. Kokes	s, M.D	•	ADDRESS_	111	Penn	St.	, Bal	.to.,	MD	2120	1
	PA TO A	23a B	URIAL, CREMATI	ION, REMOVAL 2			NAME OF CE		RCREMATO	ORY	238 LOC	ATION		C	OUNTY	STA	ATE
07/B4 25M	BP		Burial	OR	1/21/8)/			Cem.	250 DATE	REC'D. BY R	l timo		CISTOAGU	2 2 14 212 2	Md.	,
	DHMH - 17 (VR A15 ME (5))	1	W.G. Mar	rch F.H.	4300 We	abash A	ve.			JAN 2		8 7		4	Adl	indark.	
		-											- I				



Duda-Ruck Funeral Home of Dundalk, Inc.

Dundalk, MD 21222 Mrs Verlie Vanko 7919 Grav Haven Rd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? YES T (UNTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE 06 22a I certify that (1) (this hospital) attended the deceased from. saw the deceased alive an DEC , and that in (my) (aux) opinion deoth accurred on the date and have and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death. DEGRE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN Dr. Neil Rosenshein 515 N. Broadway 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 1/26/87 Burial St. Stanislaus Baltimore Maryland 24 FUNERAL DIRECTOR 7922 Wise Ave. Dundalk, MD 21222

DHMH - 16 60M 7/84

(VRA 15, 4)

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SHONATURE

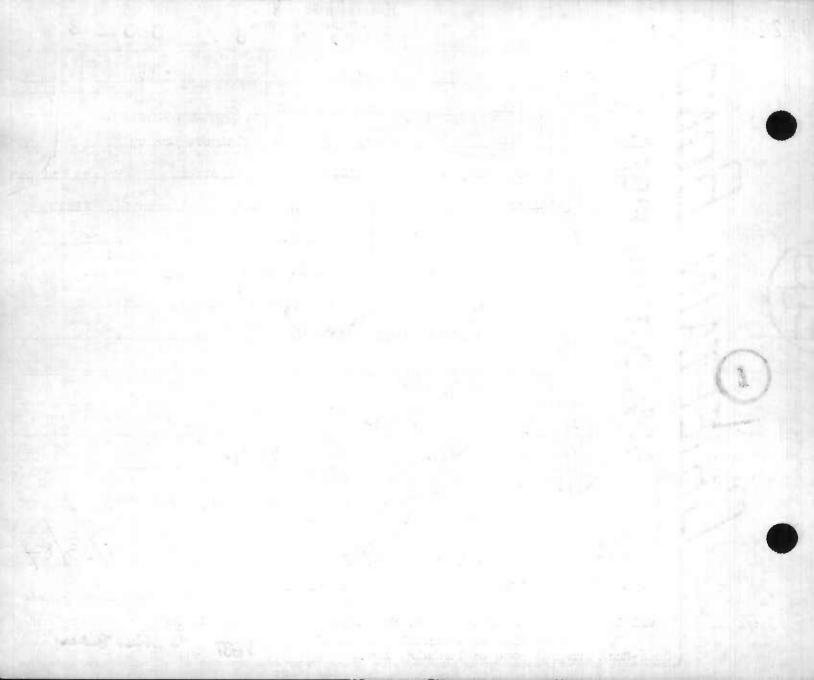
HOURS.

17h, KIND OF BUSINESS OR

Howard Uniform

INDUSTRY

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141973	1,	FOR STATE		DEPARTA		OF MARYLAND EALTH AND MENTAL HYG	IENE	^	at at	
70073	1.00	REGISTRAR	R51	MIDDLE		ICATE OF DEATH	REG. NO.	DAY YEAR	0 0	
oy be	(TYP		E. Deit:				January 14 1		3500 _M	
ge 4 moy	3. SE	x Female	4. RACE Caucas	ian	5. DATE C	ch 31 ^{DA} 1890 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 96 YRS	MONTHS DAYS	HOURS MIN.	
nerol din n 72 hou		IRTHPLACE (STATE OR FORE)		WHAT COUNTRY?	MARRIE WIDOWE	DIVORCED D	Baltimore County		MD.	
by the fu		TY OR TOWN OF DEATH Catonsville		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (SHOTIN SUCH FAMILY QUESTREE PORRES)			126. USUAL OCCUPATION 126. KIND OF BUSINESS OF			
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STATE OF MARYLAND

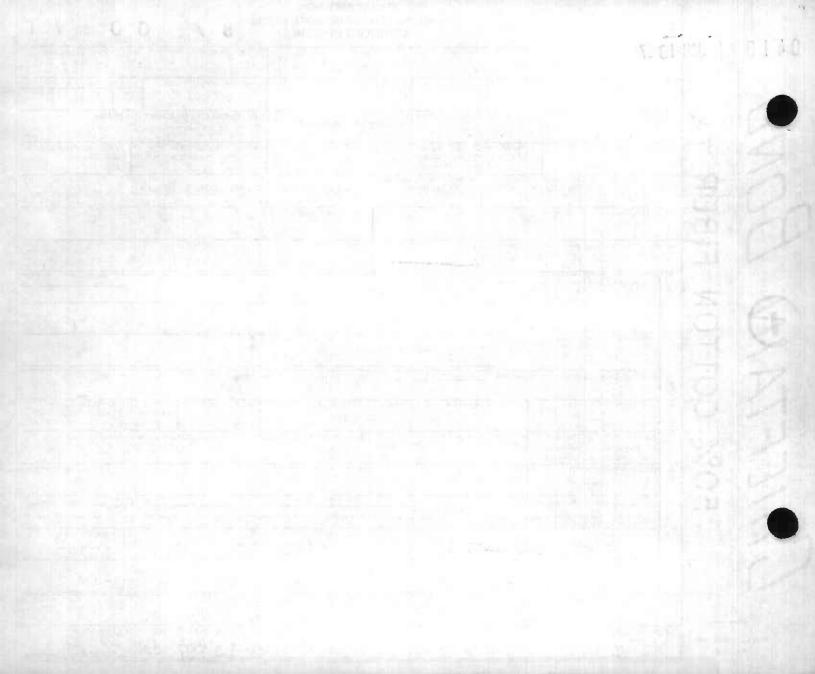
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(VRA 15, 4)	Ru	ck Towson Funer	al Home	, Inc. To	wson,	1d.21204 JAN	1 4 1987	gulia di	cardens. Kon	-deep		

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160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SEGURITY NO.4 017 INFORMANT ADDRESS	21236
WAS DECEASED EVER IN U.S. ARMED FORCES? 10 25 4 4 4 947 Joseph M. DePasquale -7 Mopec Circle	
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21e. INJURY OCCURRED WHITE NOTWINE AT WORK AT	STATE
AI WORK AI WORK	
22a.1 certify that (I) (this hospital) attended the deceased from 12/26, 19.86, to 1/13 19.87, the saw the deceased office on 1/13/19.87, and that in (my) (our) opinion death occurred on the date and hour and from the control of the date and hour and from the control of the date and hour and from the control of the date and hour and from the control of the date and hour and from the control of the date and hour and from the control of the date and hour and from the control of the date and hour and from the control of the date and hour and from the control of the date and hour and from the control of the date and hour and from the control of the date and hour and from the control of the date and hour and from the control of the date and hour and from the control of the date and hour and from the control of the date and hour and from the control of the date and hour and from the control of the date and hour and from the control of the date and hour and from the control of the date and hour and the date and hour and from the control of the date and hour and from the control of the date and hour and the date	
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The ADDRESS 226 PHYSICIAN'S NAME (IVPE OR PRINI) 226 ADDRESS	
0 0 D 2 K	
Leslie L. Walters, M.D. 6701 North Charles Street 21204	
230 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION	STATE
BPBurial 1-16-87 Gardens of Faith Cem. Balto. Md,	STATE
136 LOCATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

27	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYGI	IENE 8 7	0	0 3	92
	CEASED NAME	FIRST		MIDDLE	ı	AST .	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(1798	E OR PRINT)	oseph	Mi	chael	DIB	LASI	January 1	9, 1987	311.1	5:53 RN
3. SE			RACE	onacı	5. DATE C	OF BIRTH	6. AGE IN YEARS LAST BIR		NDER LYEAR	IF UNDER 24 HRS
	Male		Whit	e	Feb.	7, 1931 YEAR	55	YRS.	THS DAYS	HOURS MIN.
A B	IRTHPLACE (STATE OR FO	PREIGN 76.	CITIZEN OF V	WHAT COUNTRY?	8 MARRIE WIDOWE		Baltimore city o			MD.
	Rossville	3334	Frankl	in Square	Hosp	or other institution	120 USUAL OCCUPATION OF WORK FOR MOST C		VOTELLAN	BUSINESS OR
USU 13a	AL RESIDENCE (IF NURSIN STATE Md.	Balti		Parkvi		13d. INSIDE CITY LIMITS? YES NO	136.STREET ADDRESS 8711 Fow]	zip code er Aven	ue 21!	234
14. F/	Frank	MiD	Di:	Blasi		is. MOTHER'S MAIDEN NAM	C. MIDDLE	Rot	unda	
	WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARME		214-26-4		Mrs. Keiko D	iBlasi San			
CERTIFICATION	Canditions, if any, gave rise to imme cause (a), stating underlying cause	DUE TO, OI DUE TO, OI DUE TO, OI LC) NDITIONS CO	R AS A CONSEQUI COYON R AS A CONSEQUI	ENCE OF A	rdial Infarct therosclerosi NOT RELATED TO THE TERMI	S	20b. IF YES, WI	ERE FINDING		
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	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	21b. TIME O HOUR A	M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
MEDICAL	21d INJURY OCCURRE	ЕП	21e. PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC.)	211, LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
saw the deceased alive on January 19, 19—87, and that in (my) (aur) apinion death occurred on the date and have and obove, (I) (we) (did (did (did (did (did (did (did (di										hat (II (we) last auses stated
	Johr	n Butl	er M.D			9000 Fra	nklin Squar	re Drive		21237
	BURIAL, CREMATION, R SPECIFY) Burial		Jan. 23			emetery or crematory Ly Redeemer	23d LOCATION CITY OF TOWN Baltimo		Утипо	d.
	eonard J. 1	Ruck I	nc. Ba	ltimore.	Mary		REC'D. BY REGISTRAR		SSIGNATU	

DHMH - 16 60M 7/84 (VRA 15, 4)

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	obumien .0				
Description of the state of the	Park Spirit Lin	40000	Marian Ballie, Tallie		

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR aka DARBY MIDDLE 2a. DATE OF DEATH MONTH I DECEASED NAME LITYPE OR PRING MARY DOBRZYKOWSKI January 15, 1987 JOSEPHINE IF UNDER THERE 6. AGE (IN YEARS LAST BIRTHDAY) S DATE OF BIRTH 3 SEX 4. RACE MONTH 1904 82 CAUCASIAN FEMALE March TO BIRTHPLACE ISTATE OR FOR JON TE CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Baltimore County U.S.A. WIDOWED DIVORCED T Marvland 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IO CITY OF TOWN OF DEATH Supervisor Franklin Square Hospital Rosedale SLIAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION 13e STREET ADDRESS / ZIP CODE 3a STATE 13d INSIDE CITY LIMITS? 2901 Gray Manor Terrace-21222 Maryland Baltimore YES THE NO B 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Nowak James Frances Cywinski 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Cheryl Dobrzykowski-2109 Rosalie Ave. 21221 216-10-7674 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 7/28/26 NONT YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTHY MEDICAL EXAMINERS P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NO! WHILE AL WORK danuary 220.1 certify that ((this haspital) attended the deceased from UV V 10 86 saw the deceased alive on January 15 above, (K(we) (did) (did not) view the bady after death. ., and that in (() (aur) opinian death occurred on the date and have and from the causes stated 22h SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 力量 901 GASTURN BLUD A. SANT ANTONIO

STATE OF MARYLAND

234 NAME OF CEMETERY OR CREMATORY

St. Stanislaus Cem.

DHMH - 16 50M 4/83

(VRA 15, 4)

George A. Weber & Sons Inc. 705 S. Ann ST. 21231

236. DATE

23a BURIAL CREMATION, REMOVAL

Burial

(SPECIFY)

24 FUNERAL DIRECTOR

Baltimore City.

Maryland

COUNTY

221 DATE SIGNED

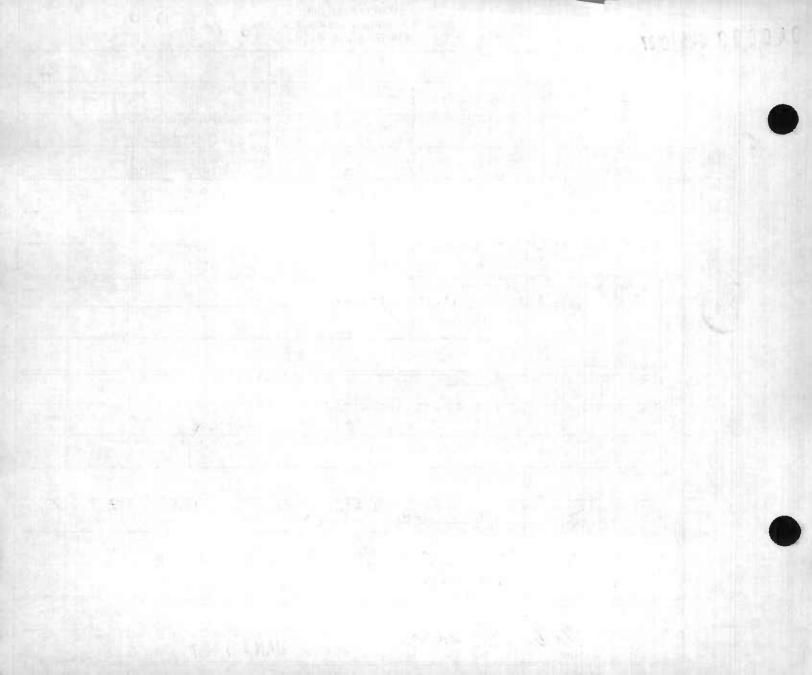
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STATE

176 KIND OF BUSINESS OR Can Mfg.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	3 SE	× EMALE	WHITE			31, DAY 1899 EAR	6 AGE (IN YEARS)	AST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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5		ANDALLSTOWN		TAL, NURSING	HOME C	EN. HOSP.	120. USUAL OCCI		176 KIND OF BUSINESS OR INDUSTRY AT HOME
5	13°M	AL RESIDENCE (IF NURSING HOME OF		ESIDENCE BEFORE ADI	MISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDR		ODE 6TH FL
C	14. FA	ATHER'S NAME FIRST HERMAN	ABRAMOVITZ	LAST		HANNAH	AME	DLF	NKNOWN LAST
2		_	E WAR OR DATES)	7–30–350		17. INFORMANT ME 8003 MOLLS	RS. RUTH A		APT. F
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (b), stating the	D BY: TE CAUSE (0) DUE TO, OR AS (b)	consequence	E OF	monay	aness		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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人		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.			YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE C	7	YES NO NO SPART 1 OR PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORP 22e. I certify that (I/ (thy. hosp saw the deceased alive or above, (I) (will (did not 22b. SIGNATURE)	21e PLACE OF IN. (AT HOME, STREET, FAI tol) oftended the dece	edsed from	J.A.	DEGREE	, to Ol		19 0, that II (we) last our and from the couses stated
		27d. PHYSICIAN'S NAME (TYPE C		Nour	***	22e ADDRESS	MEDICAL DIRECTOR PH		01)6/87
		 Burial, cremation, removal URTAL		23c. NAA		BCGH - 540 EMETERY OF CREMATORY AHAVAS CHESE	23d LOCATION		RANDALLSTOWN, MD
		UNERAL DIRECTOR SO	LEVINSON	& BROS.	,IN	C. 25e. DA		TRAR 25b. REGI	ISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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	FUNE SHITA		22d. PHYSICIAN'S NA	ME (TYPE OR PE	RINT)			22e ADDRESS	0704					
	OF 0 1 2		DAVID	UNKEL	M.D.			GBMC-	P\NT I	N. CHARLE	S ST.			
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	DHMH - 16 60M 7/84	24. F	UNERAL DIRECTOR	-1 .		* ADD		•	250 DATE	REC'D BY REGISTR	AR 255 REGIS	THAR'S	SIGNATU	DE Jane
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is committee and the second se Taken . Siden Brown inc. 1924 Consider the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. N DECEASED NAME 20. DATE KNOWN 26 HOUR HOEFAL DIRECTOR.
OUR FILES.
WITHIN 72 HOURS ESTI-WILLIAM OLIVER DUNN JR. DEATH MATED 4. RACE 3 SEX 5. DATE OF BIRTH A AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 81 VDC 7--14--05 PRONOUNCED MALE WHITE DEAD 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE IN ATT CH 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED KI NEVER MARRIED Maryland U.S.A. Baltimore County DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Towson (IF StysuchosephsirHospital St. of Md. Bank Examiner UAL RESIDENCE (IF IN NURSIN HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore YESXX NO [743 E. Lake Ave. 21212 M FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William 01iver Dunn Sr. Nellie Levering 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO OR UNKNOWN) 743 E. Lake Ave. 21212 Susan Jackson No 220-03-9395 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (C) TWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY eddon IMMEDIATE CAUSE (a DUE TO, OR ASA ONSEQUENCE C Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? E 3 SHOULL DEPARTMENT OF TO BURIA YES [] NO 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY (AT HOME, 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORWARD

TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE I 220. I certify that I taak charge of the remains described above, held on Autopsy Inquiry and in my apinion death resulted fram Natural causes Undetermined manner Hamicide DATE EXAMINER'S NAME Charles F. O'Donnell 7501 York Road 21204 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 231, NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 1-20-87 Druid Ridge Pikesville Baltimore Maryland BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Mitchell-Wiedefeld Home 6500 York Road 21212 (VR A15 ME (5)) 15M 2/80

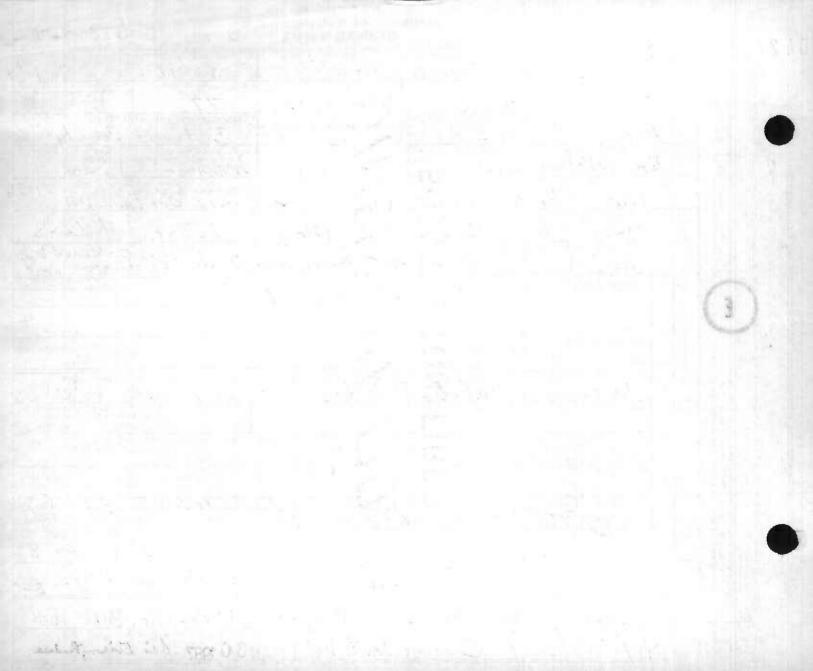
STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR LDECEASED NAME 20 DATE KNOWN Th HOUR ESTI-CHRISTOPHER 2P M DUNN 29 19 87 DEATH MATED 6. AGE (IN YEARS 2d HOUR 3 SEX IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED MALE 197 29,87 DEAD TE CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OF **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED XX Carolina U.S.A. 126 KIND OF BUSINESS O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK TOWSON USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDR MARYLAND 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST MIDDLE ERNEST DIINN DENNIS 166. SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Fritze 8419 Oakleigh Rd. 218-84-4211 Laura E. APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR A lying couse last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OB CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NO X 210 EXTERNAL CAUSE WA 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21g PLACE OF INJURY WHILE AT WORK EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFE DEATH, WITH THE ST
ANTIMORE, MARYLAND, 3 220 I certify that I took charge of the remains described above, held an Autopsy death resulted from: Hamicide Undetermined monner 1/30/87 F. O'DONNELL. MD ADDRESS 7501 YORK RD. TOWSON, MD.21204 23d LOCATION 234. NAME OF CEMETERY OR CREMATORY Baltimore BP 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 24 REGISTRAR'S SIGNATURE **DHMH - 17** Julia Devidson 10 JOHNSON 8521 Loch Raven (VR A15 ME (5)) 20M 4/82

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RECORDS	low son	CERTIFICATION	190 DATE OF OPERATION	196 CONE	OITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	WERE FINDS	GS USED OF DEATH?
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	Spin Spin CTC d for n 21		saw the deceased alive ar above (IP)(ve) (did) (did no	t view the body	y after death.	0	that in (my (aur) opinion	death occurred on the do	te and hour a	nd from the	couses stated
	OR he he he borber		226 SIGNATURE	· - h		Di	ATTENDING	MEDICAL STAF	. /	22c. DATE	SIGNED
	RAL D Store D Store D Store D Store D	-	22d. PHYSICIAN'S NAME (TYPE C	11	2		PHYSICIAN [DIRECTOR PHYSIC	IAN D		29-81
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	or o	23n F	URIAL, CREMATION, REMOVAL	23b. DATE	122.1	NAME OF CE	METERY OR CREMATORY	23d_LOCATION		0	Day.
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	DHMH - 16 60M 7/B4	24 F	WERAL DIRECTOR	11		1		E REC'D. BY REGISTRAR	25h REGISTRA	R'S SIGNATI	URE
	(VRA 15, 4)	1	1.4. Tehliar	dt	Owl ags	s Mil	1s, Wd 1A	N 3 0 1987	Alia D.	indern-	fandale.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

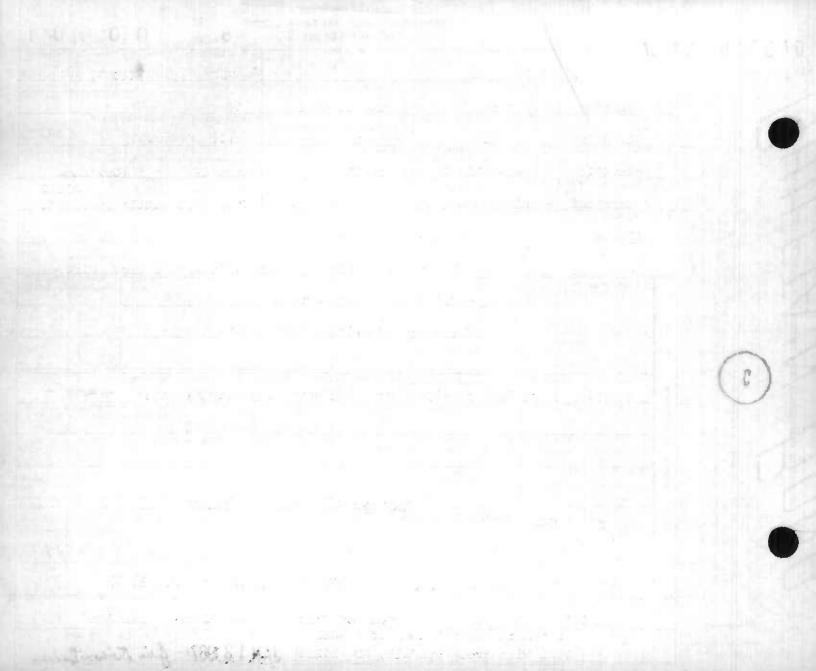
	(AT)	HERINE	R. 00	NNING	2s DATE OF DEATH MONTH	20 87	oglo.			
1	1.5EX	4. RACE	S.DA	TE OF BIRTH	A. AGE INTERESTANT BRITISHS	MONTHS DAYS	FUNDERSHIPS.			
1	FEMALE	wit 1	TE =	1 14 1908	28 VR		HOURS MIRE			
1	76 BIRTHPLACE JULIAN CONTOREGA	74 CITIZEN OF	WHAT COUNTRY? B	RED X NEVER MARRIED	1 BALTIMORE CITY OR COUNTY OF DEATH					
4	Pa.	USA	The second secon	OWED DNORCED	- Baltimore Co., MD					
1	Towson	ST. J	USEPH HO	SPITAL	17h USUAL OCCUPATION Three of work for most of worker Homemaker	K FOR MOST OF WORKING LIFE; INDUSTRY				
	USUAL RESIDENCE II MURSING IBM 134 STATE USE CO Md.		Baltimore	YES X NO []	13. STREET ADDRESS / ZIP CO	od Ave.	21212			
1	John Rober	t"Reddy	LASE.	Ellen Th	™ neresa McAndrew	(4)	at			
4	THE WAS DECEASED EVER IN U.S.	RMED FORCES? 166. SOCIAL SECURI			ADDRESS					
4	No		184 05 8302	Mr. Michael	Mr. Michael Dunning 514 Harwood Ave.					
2	PART 2 OTHER SIGNIFICAN 19s DATE OF OPERATION 21a ACCIDENT WAS INFORMATION	703/3 -	ONTRIBUTING DEATH	BUT OF RELATED TO THE	OF RELATED TO THE PAUL DUE STATE CONDUCTING GIVE ST BART LIGHT WAS PERFORMED 20th AUTOPSYT 20th IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
,		HOUR A.	M MONTH DAY YE	AR	YES NO YES NO NO REPART YOUR PART YOU WAS NO TO NO TO NOT YES NOT NOT YES NOT YES NOT YES NOT YOUR PART YOU WAS NOT YOUR PART YOU WAS NOT YOUR PART YOU WAS NOT YO					
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/	72s.1 certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did 72s. SIGNATURE	1/20	S/ 10 Ff	DEGREE ATTENDING PHYSICIAN 1724 ADDRESS	death occurred on the date and	hous and from the	that (I (we) last causes stated			
1	21m BURIAL CREMATION REMOV.	1/21/	100	DF CEMETERY OR CREMATORY IN MOUNT Cem.	Baltimore,	Md. Coursely	HAM			

74 FUNERAL DIRECTOR DHMH - 16 60M 7/84 MITCHELL-WIEDEFELD HOME, INC. (VRA 15, 4)

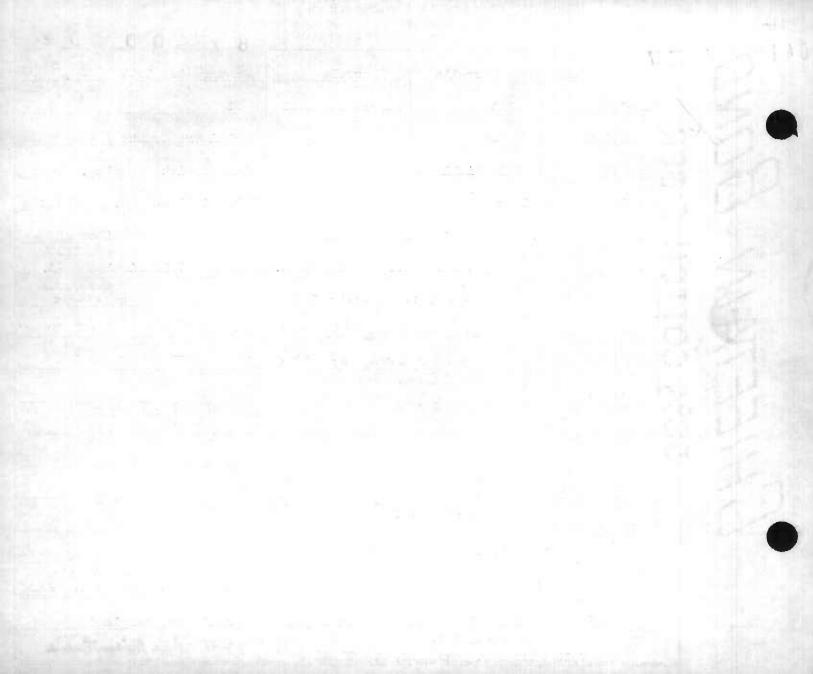
6500 York Rd.

154 DATE REC'D. BY REGISTRAR 754 REGISTRAR'S SIGNATURE

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4/6	5 3 JAN :	1. DE	CEASED NAME	FIRST		MIDDLE	l	AST	20 DATE OF DEAT	TH MONTH	DAY YEAR	2bt HQURt
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he o	toched toched e Dept		11 1	1/9	1/1			4 ATTENDING	MEDICAL	STAFF		1,105
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1						E OF MARYLAND							
Li	FOR - STATE			DEPA		EALTH AND MENT		ENE	1	6	NU	102	
1	8 TREGISTRAR				CEKIIF	ICATE OF DEATH	1	6	EG. NO	U	U .	05.	
	PECEASED NAME	FIRST	TAL.	MIDDLE		AST	11-	20. DATE OF	DEATH N	ONTH	DAY YEAR	26 HOUR	
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3. 9	SEX	4.	RACE		5 DATE C			6. AGE (INY			IF UNDER 1 YEAR	IF UNDER 24 HRS	
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70	Male BIRTHPLACE (STATE OR F	OREIGN 7h		WHAT COUNT	RY? 8				RE CITY OR	COUNTY	Y OF DEATH		
	COUNTRY)			MILAT COOT	MARRIE	D NEVER MARRIE							
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10	CITY OR TOWN OF DEA	111		CH FACILITY, GIVE ST		OR OTHER INSTITUTE)N	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
	Dundalk			eslie R				Firebr	ick La	ayer	Beth.	. Steel	
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	Maryland	Balti	imore	Dundal:	k	YES NO [x	1711 I	Leslie	Rd.	21222		
14	FATHER'S NAME			LAST		15 MOTHER'S MAID	ENNAM						
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160	WAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIALS		17 INFORMANT			ADDRES		12000	3-41	
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	APPROVINATE INTERVA											2122	
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П	Conditions, if ony, which										1		
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			78.3	MA				YES 🗌	NO	YI	ES 🗌	NO [
CERTIFICATION	210. ACCIDENT WAS UNI		216. TIME C	OF INJURY	DAY VEAD	21c. HOW INJURY O	OCCURR	ED (ENTER NA	TURE OF INJURY	IN ITEM 18	PART I OR PART 2)		
1	OR CONTRIBUTING			.M.	19								
MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION	12/12				COUNTY		
Z	WHILE NOT WE AT WO	HILE	(AT HOME ST	REET FACTORY, OFF	ICE, FARM, ETC)	STREET			CITY OR TOW	N	COUNTY	STATE	
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	THE PHYSICIAN'S N					22e ADDRESS			0 1.		(D 010)	22	
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230	BURIAL, CREMATION,	REMOVAL	23b. DATE		230 NAME OF	EMETERY OR CREMA	TORY	23d LOCA			VIGUE	STATE	
	Burial	5 10 10 7	1-10	-87	Morela	ind		Bal	timor	e Mar	cyTand	STATE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

should be detoched for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to

IMPORTANT: If them 21 is n

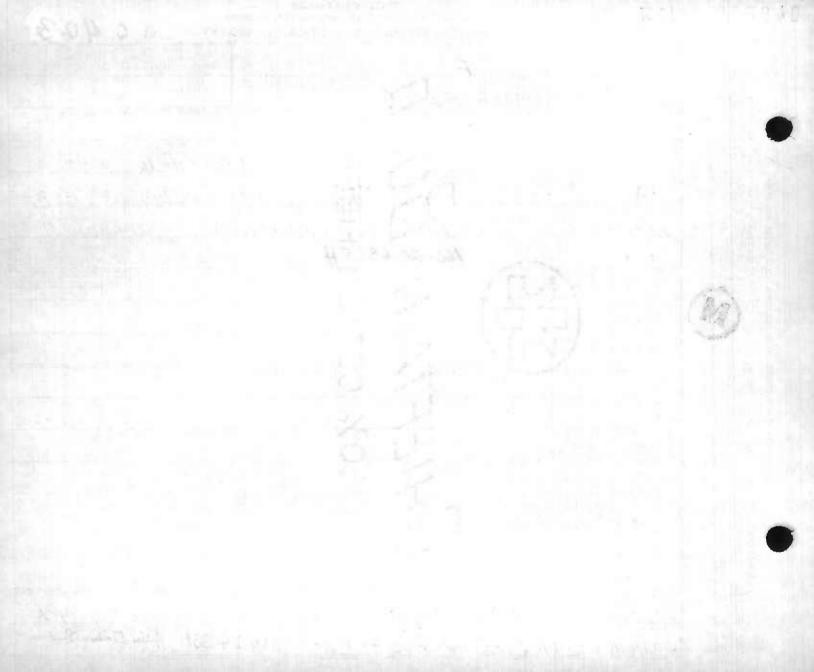
OR ATTENDING PHYSICIAN: The low

Duda-Ruck, Inc. 7922 Wise Ave. Balto., Md 21222 JAN 12 1987

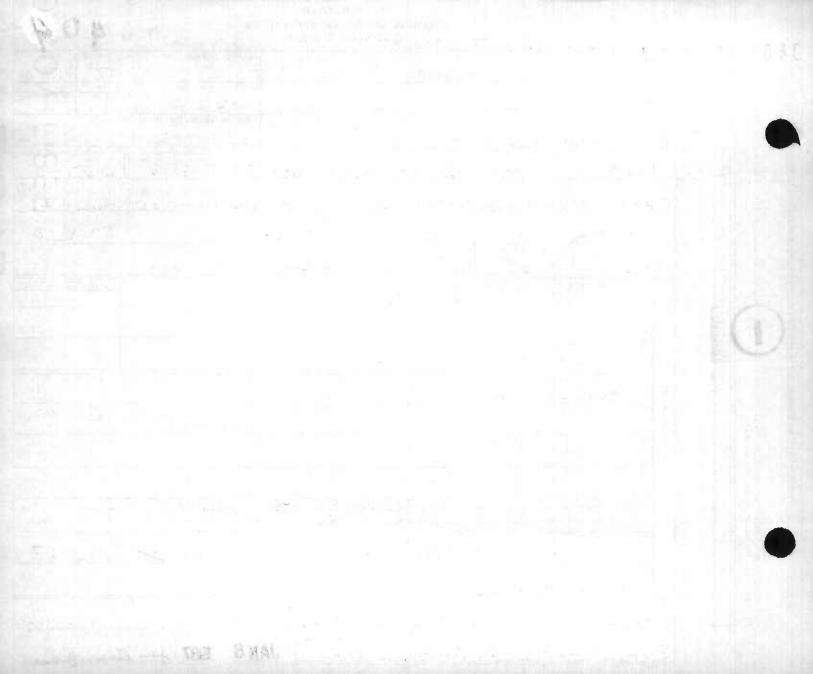
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
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04088	9 JAM	1SE	S.7	DEPARTMEN	STATE OF MARYLAND T OF HEALTH AND MENTA	AI HYGIENE	
0 1 0 0 0	0 0111.		TATE EGISTRAR		MINER'S CERTIFICAT		40.4
		1. DEC	ASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN T MONT	TH DAY YEAR 25.1HOUR
200	84	(TYPE	Louise	F	Edler	DEATH MATED XX 1	-4 1987 M
5 E	王55	3. SEX	4 RACE S. I		E (IN YEARS IF UNDER 1 YR. IF UN		_ 8:38
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WICESSAN WORK YOU	程7人		THPLACE (STATE OR TO THE IGN COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER M		
270	03/-	10 CIT	OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING	WIDOWED MONTH DIV	ORCED Baltimore Cou	126. KIND OF BUSINESS
PAGE S	1200	Ch	ase / E	(IF NOT IN SUCH FACILITY, GIVE STREET AC astern Blvd. &		FOR MOST OF WORKING LIFE!	OR INDUSTRY
= 003	980		RESIDENCE (IF IN NU PHOME OR OT	HER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	IIS? 13e STREET ADDRESS	99999
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BALTIMORE, MD. 2120 S. AFTER DEATH, IF AND GIVE PAGES 1, 2, AND TITH FORM PM. 3, RET	25/472 15/472	14. FA	HER'S NAME FIRST M	IDDLE LAST	15. MOTHER'S M	AIDEN NAME MIDDLE	LAST
TIMORE TER DEA E PAGES FORM P	X8-7-6	4	AS DECEASED EVER IN U.S. ARMED	TTT- PATE	CURITY NO. 17 INFORMANT	GAKET UNI	KHOWN
LTIM VE P.V	IT. PAGES I	(YES	NO, OR UNKNOWN) (IF YES, GIVE WAR	OR DATES) 160-20	104-11	Fitzpatrick, Jr. 29	0 Linden Lane
RS A	P. PA		18 CAUSE OF DEATH (Enter only or	ne cause per line far (a), (b), and		TIONPROTICITY DIS 23	APPROXIMATE INTERVAL
N ST N ST SM THO		-	PART I DEATH WAS CAUSED BY	Multiplo	Injuries		BETWEEN ONSET AND DEATH
PRESTON ST THIN 24 HO	54	/	8001	DUE TO, OR AS A CONSEQU	ENCE OF		
E 40	179		Canditians, if any, which gave rise to immediate	(b)			
201 V	N. WE		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF		
RECORDS, 201 W TD BE EXECUTED W PENDING" IN PEN			PART 2 OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1 in	
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NL RE SULD SULD SULD SULD SULD SULD SULD SULD	AH, AH,	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?
W SEC	# P B P P	RTIF	710 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	In How Bulley occ	URRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR	YES 🔀 NO 🗌
NO N	S TARE		INDERLYING DOR	HOUR MONTH DAY	YEAR		
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD."	CTOR: PAGE 3 SHOULD BE USED AS H THE STATE DEPARTMENT OF HEAL WAND, 21201 PRIOR TO BURIAL, CR	~	CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY (AT	OME, 211 LOCATION	train/train collisi	
DIV ARIT	SO TE D	3	WHILE DOT WHILE AT WORK	railroad trac	ks Eastern Bly	7	county state MD
ATE, A	D. 21			the remains described above, he	Greenbank F	ection , Inquiry , and in my	
MINE REPORT	品が	5	death resulted fram: Natural c	auses . Accident X,	Suicide . Hamicide	Undetermined manner .	
A SEE	WAR		ACTUAL //	01	TITLE (SPECIF		75
SH SH SH	SATH ORE, 1		SIGNATURE LL	7	M.D. Assist		NED 1-5-87
MEDICAL CUTE THE	SEE SE		XAMINER'S NAME Willi	am M. Zane, M.D	ADDRESS 111	Penn St., Balto., M	ID 21201
EXE PAG	TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARKLAND, 2			PATE , 23c NAME	OF CEMETERY OR CREMATORY	23d LOCATION	OUNTY STATE
07/B4 BP		CI	EMATION 11	9/87 RAF	ERRIS + CO.	WESTCHESTE	RPA
	9 - 17	24 FU	NERAL DIRECTOR	ADDRESS 4	3/ 5 250. D.	TAN 1 4 1987 Julia D	SIGNATURE POLICE
1177 (VRA)	ME (5))	N C	IN M WEBER.	BONSING CH	ESIER ST	TAIL TIME	



	1			STATE OF MARYLAND	es _{ke}	
	1,	FOR - STATE	DEPARTA	NENT OF HEALTH AND MENTAL HYG	HENE	01105
	1,	REGISTRAR & OLLDOO	OI TOMOS	CERTIFICATE OF DEATH	REG. NO.	0400
40487 JA	10	ECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26, HOUR
yy be	Îlly	PE OR PRINT) MO1:	z Edward		01	02 87 7:30 am
you pog	3. S		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
offe.		mark		MONTH DAY YEAR	Do.	MONTHS DAYS HOURS MIN.
- 0 110	Th.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	1.18A 89'161A	9 BALTIMORE CITY OR COL	RS.
4 75 34	170	COUNTRY)	78. CITIZEN OF WHAT COUNTRY!	MARRIED NEVER MARRIED		
	5 6	IARYLAND	N. 2. 14.	WIDOWED DIVORCED	Baltimore Co	
1 11/4/	10.0	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET)	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
NO NO	2	Towson		re Medical Center	SELF-EMF	POCTOR
1 2 51 4		JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION. GIVE RESIDENCE BEFORE		13e.STREET ADDRESS / ZIP (21030
B 22 EE 25	7 (ARYLAND BAL	Timons Locksys		10624 Ang	11-
1 11人的	% I4.F	ATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	2010
\$: 57/XIV		PERST D	MIDDLE MAST	MARY	MIDDLE	MALLSA
1 8- 8-	16n	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRESS	1 10 DAR
No. of the state o		(IF YES, GIV	E WAR OR DATES]		4 Recass	
4 50 4	'	125 10.0		093A L-HW17	4 RECORDS	
A de		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line lar (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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6/ . 144			DUE TO, OR AS A CONSEQUE	NCE OF		
1 1 1 1		Canditions, it any, which	(lb)			
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2 4 5	3 3	underlying cause last.	((0)	the second second		
2 2 2 2 2 3		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MNAL DISEASE OR CONDITION	GIVEN IN PART Ital
The sale	CERTIFICATION	Cirrhosis (Of liver			
0 1 1112	N E	19a DATE OF OPERATION		OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED
21 24 24 2	7 ≝				YES IN NOT	ERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
E Setter	1 18	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	
A 自任 主持 了	-41	OR CONTRIBUTING CAUSE OF DEA		Y YEAR		
ON CANADA	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
4 4 4 4 7 7	ME	WHILE O NOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE, F.		CITY OR TOWN	COUNTY STATE
5 4 4 4 4		AT WORK AT WORK		December 28 - 19.86	lamirami. O	97
N 19 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		saw the deceosed alive on	tol) attended the deceased fram			d haur and fram the couses stated
T d C d d d d d d d d d d d d d d d d d		above, (i) (we) (ala) (ala no	t) view the body after death.		death accorred on the date and	
8 4 8 4 8 4		22b. SIGNATURE	6/2001	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
A 2 3 8 8 4 5-	1	(libel)	n 8/Jaceh	THE THIS CIAN L	DIRECTOR PHYSICIAN	11.2.81.
HOSPITAL med by 14 FUNERAL old be det the Stoke	/	22d. PHYSICIAN'S NAME (TYPE O	RPRINT	22e ADDRESS		
O HOSPITA Provide by TO FUNERA Phosid be de Provide by The State Provide by The State Provide by The State	/	Alban B. Baco	chus.M.D.			
B	23a	BURIAL CREMATION, REMOVAL		JAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP	B	(SPECIFY)	1-5-1987 0	Wangy Valley	Timonium	MARYLAN
		UNERAL DIRECTOR	880	O HAREORO 250 DAT	E REC'D. BY REGISTRAR 256. RE	
DHMH - 16 60M 7/84 (VRA 15, 4)	5	NAME CHAPE	1 DEMSMOR	14 8000	N 8 1987 Au	- A
(410, 13, 1)	5	VHUS CUHIS	TOELISMOR	125 1/07-1-1	1110 101 130	A distance of the same



and that in (my) (our) opinion death occurred on the date and hour and from the covers stated 27c DATE SIGNED PHYSICIAN TORECTOR PHYSICIAN 7600 owson 21204 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE 23d. LOCATION (SPECIFY) 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR SIGNATURE DHMH - 16 60M 7/84 12MORISS

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87

IF UNDER 24 HRS

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Minutes

NO [

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IF UNDER I YEAR

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(VRA 15, 4)

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STATE OF MARYLAND

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20	21.		001	7	

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1		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10 0	4 7	
1.		EASED NAME	FIRS1	A	AIDDLE	1	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	- 7	Ray	E.		Elmo	re	Sr.	Jan. 21	+ 19	987	м
	3 SEX			A RACE		5. DATE C		& AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HRS
i		Male		Whi		9 MONTH	14 1923	62	YRS	ONIHS DAYS	HOURS MIN.
n	C	RTHPLACE (STATE OR FO			WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY			
d		orth Card		USA		WIDOWE	3.7	Baltimo	re Cou	unty	MD.
24	150	ry or town of dea ndalk	TH	LIF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET A DUNHAVEN	ADDRESS)	21222	120 USUAL OCCUPAT			F BUSINESS OR
di.	Ma S	TATE aryland	136 COUN		GIVE RESIDENCE BEFORE 13c CITY OR TOWI		13d. INSIDE CITY LIMITS?	14. STREET ADDRESS 3503 Duni	/ ZIP CODE	Rd. 2	1222
Ī	14 FA	THER'S NAME					15 MOTHER'S MAIDEN NA				
	T	hurman		NDDLE	Elmöre		Bertha	WIDDLE		LAST	
	14	(AS DECEASED EVER I		MED FORCES? WAR OR DATES)	243-22-		Richard El	ADDR Lmore 31		nio Rd	. 21222
	MION	Canditions, if ony, gave rise to imm couse 101, stating underlying cause PART 2 OTHER SIGN 90 DATE OF OPERAT	nediate g the last	DUE TO, OF		NCE OF T De	H. & A. S C/V. D. LOT RELATED TO THE TERM N WAS PERFORMED	mboris.		year year one of	ear
7	CERTIFICATION		514			OI ENATIO		YES NO	IN CERTIFY YES	TING CAUSES	OF DEATH?
7	MEDICAL CES	21g. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJI	JRY IN ITEM 18 PA	ART (OR PART 2)	
		216 INJURY OCCURR	ILE		EET FACTORY, OFFICE FA		211 LOCATION STREET	CITY OR I	NWC	COUNTY	STATE
	3	22a.1 certify that (1) saw the decease abave, (1) (mailed	(this hospited alive an a	June view the bady	deceased Iram	6 1 , or	nd that in (my) (corr) apinion in			and Irom the c	
		226. SIGNATURE	tollar	Lyol,	Eur	/		MEDICAL STA ▼ DIRECTOR □ PHYSI	FF CIAN []	1-2	7-1987
		ATAOLLI	AH	GOLF	PIRA		3029 Dun	dalk Ave	. Balt	to, Md.	21222
		URIAL, CREMATION, P Buria		1/27/			emetery or crematory ns of Daith	23d LOCATION CITY OF TOWN	ltimo	re, Mo	STATE
	24 FU	NERAL DIRECTOR			•	-	25a DAT	E REC'D. BY REGISTRAF	256 REGISTR	AR'S SIGNATU	LRE

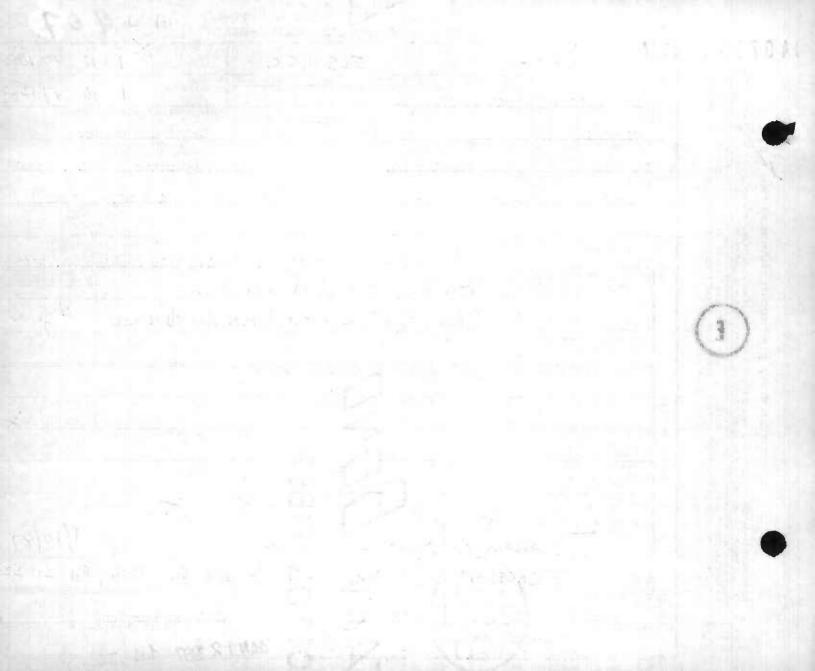
DHMH - 16 60M 7/84 (VRA 15, 4)

Commelly Funeral Home "Off Dundalk

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

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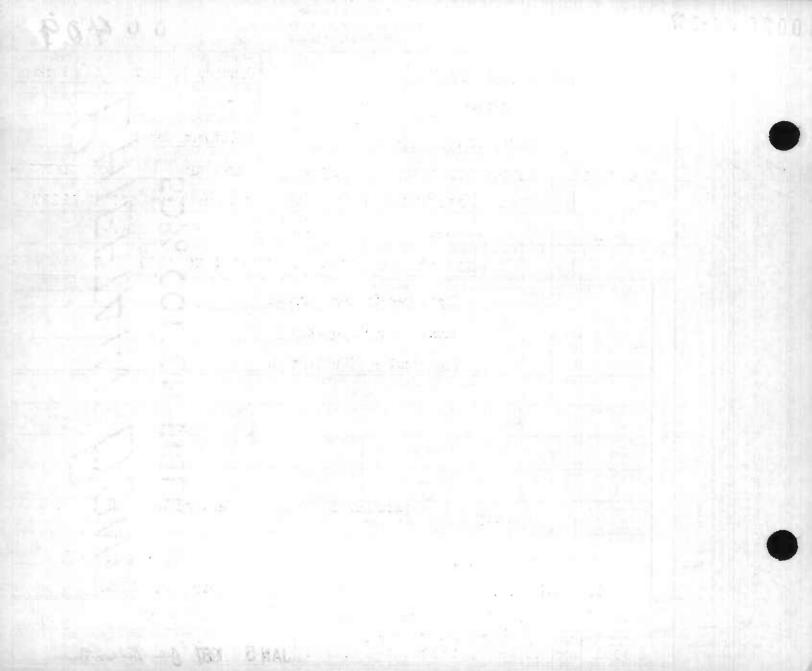
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 2b. HOUR MONTH OF ESTI-1000 SWICK DEATH MATED AGE UN YEARS 3 SEX 4. RACE DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED 1220 DEAD 56 YRS White April. _8 1930 Male To BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED FOREIGN COUNTRY) WIDOWED [DIVORCED Baltimore County Virginia IISA ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Dundalk 1919 Jasmine Rd Crane Operator Beth. Steel USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13m STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES 1919 Jasmine Rd. Baltimore Dundalk 21222 Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST FIRST Elswick Ada Webb Isaac 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 231-36-8086 Dolly D. Elswick 1919 Jasmine Rd. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE Canditians, if any, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [21a EXTERNAL CAUSE WAS SHOULD B 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW.
TO FUNERAL DIRECTOR: PY
AFTER DEATH, WITH THE STA 22a I certify that I taak charge of the remains described above, held an Autopsy ond in my opinion deoth resulted from. Notural causes Suicide Homicide Undetermined monner TINE (SPECIFIC) ACTUAL SIGNATURE SIGNED EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d LOCATION 231. NAME OF CEMETERY OR CREMATORY STATE 1-13-86 Burial Holly Hill Baltimore Maryland 24 FUNERAL DIRECTOR 25g, DATE REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE **DHMH - 17** Duda-Ruck Furreral Home of Dundalk NAME (VR A15 ME (5)) Antin Denter P 7922 Wise Ave. Dundalk, MD 20M 4/82



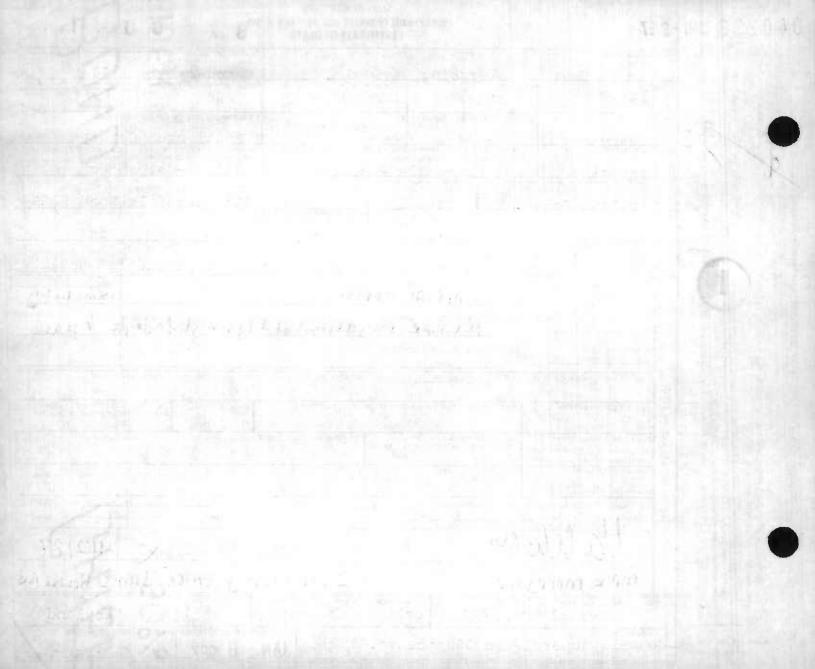
					STATE OF MAKTLAND	Sec.		
12271		1	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYG	GIENE	000009	4
47011	JAI	9.77	REGISTRAR		CERTIFICATE OF DEATH	S REG. N		
		(TYPE	CEASED NAME FIRST	DAVID MIDDLE LEA	EMBRY	2a. DATE OF DEATH	MONTH DAY YEAR 25 HOUR	
oy be			Da	الم	Embry		1 2187 1	PM
mo Tr. po		3. SEX		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS	24 HRS MIN.
ge 4		/	M Male	White	10 24 41	45	YRS.	
Po Po	21		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
nerol na 72	27		Maryland	u.S U.S.A.	WIDOWED DIVORCED	Caunt	y Baltimore Count	ty _{MD.}
ofter of with	8		VSM TOWSON	(IF NOT IN SUCH FACILITY, GIVE STREET	- C+ Tocoph Woon	12a USUAL OCCUPATA (TYPE OF WORK FOR MOST O Manager	ON IZB. KIND OF BUSINES INDUSTRY HOTEL	SSOR
Sur		100		OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		Timesect		_
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d within	3	14 FA	THER'S NAME ROBERT	MIDDLE CAMPBELL LAST EN	MBRY 15. MOTHER'S MAIDEN NA	ME	COCKERHAM	
or cute	0	16a V	AS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRE	SS	
Poge	ned l	(1	es, no or unknown) { if yes, i	218-40°	4603 R.C.EMBRY SR.	.602 Fairway		
at the state of	Ĕ		18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b), or SED BY.	nd (c).1		APPROXIMATE INTERV BETWEEN ONSET AND D	VAL DEATH
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21 610	DIIC			DUE TO, OR AS A CONSEOU	ENCE OF			
100	E		Conditions, if ony, which	(b)				
4 4 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF			
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	, o		PART 2 STHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIVEN IN PART 110	
The si	<u>r</u>	O	Kapatre	dotuster, Broke	to			
beer mit.	à l	CERTIFICATION	198 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH	
he l hos t pe	S 7	TIE				YES NO	YES NO	
7 % OT	Suo Suo	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
CIAP B ph ertificiol-tr ntol	E 7	AL	OR CONTRIBUTING CAUSE OF	DENTH.	19			
HYS nding bur bur	10	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TO	WN COUNTY ST	TATE
G PHen the sthe	e e	×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.)	CHYORIO	WN COUNTY SIZ	AIC
Or or of the solth	o E			spital) attended the deceased from	19 85 19	to 1/2	19 87, that (l) (w	ve) lost
TEN TOR OF TO	2		sow the deceased alive	on //2(19	F), and that in (my) (our) opinion	death occurred on the de		
OR AT DIREC oched f	E		22b. SIGNATURE	nat) view the body ofter deoth.	DEGREE		22c. DATE SIGNED	
y the y the RAL DIII detoch de			0	- offerent	ATTENDING	MEDICAL STAI	FF	2
by by ERA e de	Z		224 PHYSICIAN'S NAME (TYP	E OR PRINT)	22e ADDRESS	DIRECTOR PHYSIC	IAN U	
HOSPITAL FUNERAL Suld be dett	T AND A STATE OF THE STATE OF T		Arther			6-16 Pu	1 - 40	2/1
TO HOSPITAL of retained by the TO FUNERAL I should be deto with the State I will be seen to see I with the State I with the State I will be seen to see I will be seen to se	-	92		A Jenpick m			100100 201)	
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(V/DA 15 4)		MY	Tchell-Wiedet	Pla Home 6500 Yor	K KOAD /1/1/ I JM	11		

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1026 JAN	-60	1-	FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE									
	W		REGISTRAR				CERT	FICATE OF DEATH	REG. N		3			
8.4			CEASED NAME OR PRINT)	FIRST		MIDDLE		LAST		MONTH DAY	YEAR 2b. HOUR			
nay be page 3				<u>Helen</u>	Agnes	EMKEY			January 1,		10:20p ₄			
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the the rem	ather traumatic		gove rise to imm couse (a), statin	g the	DUE TO, C		EQUENCE OF							
that that d by lease	or of		underlying cause		(c)_			<u>Fibrillatio</u>						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., OF PHYSICIAN: The low requires that the death certificate physician. After this certificate has been signed by the attending play the britishcrafts permit if he in please remove corbang as the britishcraft permit if he new corbang or the hand Manaral Branch purific remove acreases.	, Kunlı	Z	PART 2. OTHER SIGN	NIFICANTO	CONDITIONS C	ONTRIBUTING	TO DEATH BU	T NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVEN IN	PART 110			
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OR A DIRE	If Hen		226. SIGNATURE					DEGREE	G MEDICAL STA		2c DATE SIGNED			
			Sko	nu		M.D.		PHYSICIAN			1-1-87			
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	4.8	23a. f	URIAL, CREMATION, SPECIFY) BURIAL	REMOVAL	1/5/8	7		CEMETERY OR CREMATO REDEEMER	RY 23d LOCATION BALTTI	MORE COUR	NTY STATE			
BP	_	_			, ,				DATE REC'D, BY REGISTRAR		MD.			
DHMH - 16 60/		24 1	INERAL DIRECTORU	NEK	FUNERA	T HOM	E, INC	•	G2 9 17 19					
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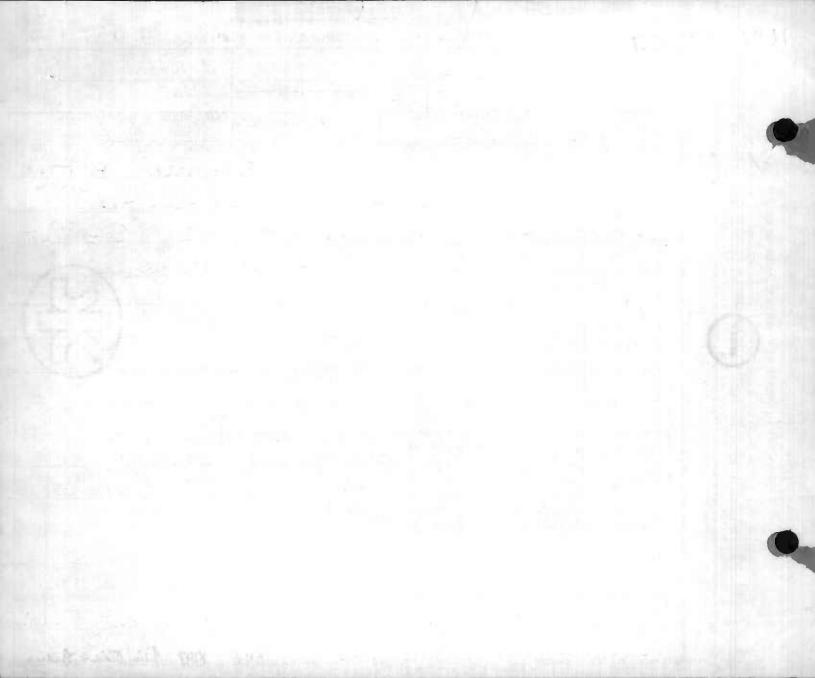


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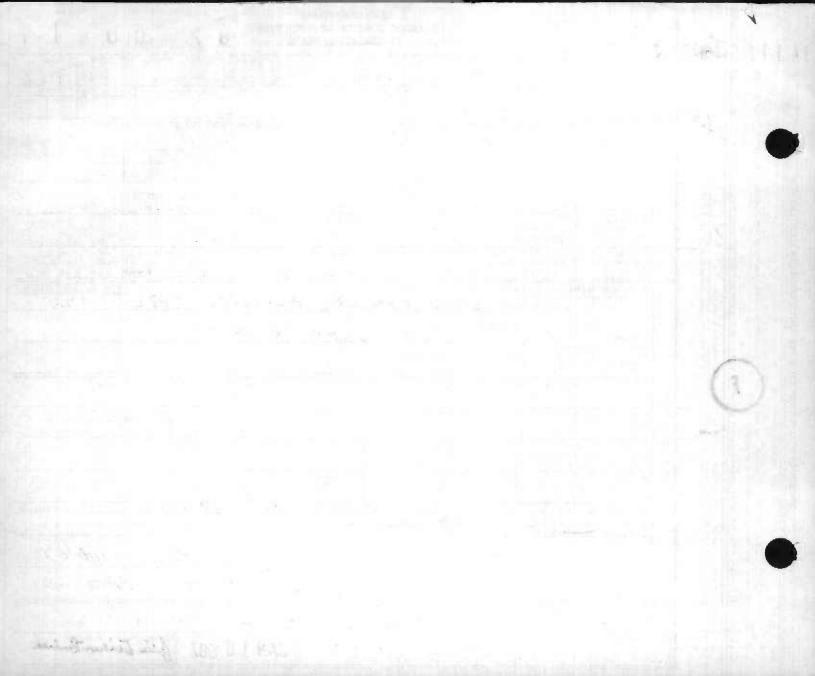
1. Summer Andrew Telephone Te

STATE OF MARYLAND UNK. #87--6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 2a. DATE KNOWN YEAR 26 HOUR (TYPE OR PRINT) IF ANY DELAYAS NECESSARY, PLEASE
2, AND 3 TO THE FUNRED DIRECTOR.
3. AND MAGE 5, FOR YOUR FILES.
4. OUR BETHED WITHIN 72 HOURS
4. OUR SETUP WESTON STREET, OF ESTI DEATH MATED **JEROME** EDWARD **EVANS** 198 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR MONTH LAST BIRTHDAY PRONOUNCED 12:33 TIHU DEAD 30.19 AM 1008 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED EOREIGN COUNTRY ARY WIDOWED [DIVORCED Baltimore County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Eastern Blvd. & Greenbank Rd. Chase USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONAL 2120 13b. COUNTY 130. STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 7.2.A 15 R ALI: MORS YES [NO M 14 FATHER'S NAME 124 HOURS AFTER DEATH.
ITEM 18. GIVE PAGES 1, 2
LONG WITH FOR
T PERMIT. PAGES 1
FORMIT. PAGES 1 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE VANS 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS IYES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY YGIENE, Multiple injuries TAMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF N PENCIL II Conditions, if ony, which gave rise to immediate 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED RECOVER SECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMONERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BUNAL. THE SHARE DEPARTMENT OF HEALTH AND WEARLY DEATH, WALLHE STATE DEPARTMENT OF HEALTH AND WEARLY WALL THE STATE DEPARTMENT OF HEALTH AND WEARLY WORD, 21201 PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY
HOUR AMA MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) ⊠ OR UNDERLYING WEDICAL CONTRIBUTING CAUSE OF DEATH 1:30P.M. 1-4-1987 Occupant of train/train collision. 21e PLACE OF INJURY LATHOME 21f. LOCATION 21d INJURY OCCURRED CITY OF TOWN STATE WHILE AT WORK railroad tracks Baltimore Eastern Blvd. &. Chase MD Greenbank Rd. 224 I certify that I tank the raw of the remains described above, held on Inquiry and in my opinion death resulted from Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 1-5-87 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P./Kokes, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) ADDRESS 236 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 07/84 BP 25M 24 FUNERAL DIRECTOR HARFORD 1256 REGISTRAR'S SIGNATURE 25a. DATE REC'D. BY REGISTRAR DHMH - 17 (VR A15 ME (5)) Aulia Dividor MOR



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH OF REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR LEYPE COLUMNS WILLIAM LAWSON **EVANS** 9:15 PM 1987 4 RACE 5 DATE OF BIRTH & AGE UN YEARS LAST BIRTHDAYL IF UNDER TYFAR IF UNDER 24 HRS MONTHS DAYS MONTH Male White 12 1924 YRS BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland U.S.A. WIDOWED DIVORCED I Baltimore County 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 1625 Ingleside Ave. Woodlawn Car Inspector Railroad USUAL RESIDENCE OF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Baltimore 1625 Ingleside Ave. #8 21207 Woodlawn NO TH 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE FIRST Hance Lawson Evans Rose Lillian Christopher 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** 78227 (IF YES, GIVE WAR OR DATES) Texas Yes 218-16-7357 Donna Wright 1623 Harness Lane San Antonio APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY CANCER IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF CHRONIC UNG Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV NO [21h TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINERS 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) ottended the deceased from sow the deceased alive an_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (and) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22L DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIANALZ DIRECTOR PHYSICIAN the 5 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Dr. Gary Cohen 23e. BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Md. Burial Sunny Ridge Memorial Park Crisfield 250. DATE REC'D. BY REGISTRAR 25 BREGISTRAD'S SIGNATURAN AND 16 1087 Children Dundern 24 FUNERAL DIRECTOR 1630 Edmondson Ave. Catonsville, Md. 21228 DHMH - 16 60M 7/84 Leroy M. & Russell C. Witzke Funeral Home (VRA 15, 4)

STATE OF MARYLAND



	1.	FOR STATE REGISTRAR			DEF		EALTH AND MENTAL HY	8 7	0	0 4	15
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mo)	3. SE	X		1 RACE		5. DATE		6 AGE (IN YEARS LAST		ONIHA DAYS	
ector rs of		Male	-13	Whit	te	Feb	. 20°, 1918°	68	YRS		HOURS MIN.
01157		RTHPLACE (STATE OR FOI COUNTRY) Michigan	REIGN	76. CITIZEN OF		MARRIE WIDOW	DX NEVER MARRIED D	Balti	more Co.		MD.
1155	1	Randallstown	n	Balto	CH FACILITY, GIVE	Gen. Ho	Spt.	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Mecha	TION TOE WORKING LIFE) NIC	12b. KIND O INDUSTRY	OF BUSINESS OR
AMB 212	USU 130.	AL RESIDENCE (# NURSING TATE Md.	д номе ок 36 со ис Ва	other institution	GIVE RESIDENCE 13. CITY OF Owings	S TOWN 1115	13d. INSIDE CITY LIMITS?	13-STREET ADDRES	itters l	La. 21	117
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DAORE CONTROL OF CONTR		VAS DECEASED EVER IN YES, NO OF WARNOWN? YES	U.S. AR	MED FORCES? 2 WAR OR DATES)	370-	12-7447	Mrs. Annabel		Owings N	Mills,	Md.
RECORDS, 201 W. PREST of low requires that the date on been signed by the other permit. Then please the over me prior to be build, ever after we got the low, or other frount	CERTIFICATION	Conditions, if only, gove rise to imme couse (0), stating underlying couse PART 2 OTHER SIGNIE RECURR 190 DATE OF OPERATE	lost.	DUE TO, O (c)	OR AS A CON	18:16	NOT RELATED TO THE TER	MINAL DISEASE OR CO	ONDITION GIVE	WERE FINDING CAUSES	NGS USED
TTENDING PHYSICIAN TO PHYSICIAN TO PHYSICIAN TO THE THIS CERTIFICATE FOR USE OF the buriol-triantial of Heolih and Mental High.	MEDICAL CERT	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTHY MEDICA 21d INJURY OCCURRE WHILE NOT WHILE AT WORK 220.1 certify that (1) (1) saw the deceosed above, JH) (we), (die	USE OF DEAL EXAMINER D his hospi	ATH HOUR A P P 21e PLACE (AT HOME ST	.M. MONTH	9	211 LOCATION STREET , 19 and that in (my) (our) opinion	RRED (ENTER NATURE OF IN	TOWN	COUNTY	STATE that (I) (we) lost
TO HOSPITAL OR A retoined by the hos TO FUNERAL DIREC should be detoched with the State Dept.	23a I	THE SIGNATURE PROPERTY OF THE	FITYPE C	100	Sy	ED 123C NAME OF C	ATTENDING PHYSICIAN 22° ADDRESS BALT / MON	MEDICAL SI DIRECTOR DHY:	VIY G	1/2 EN	0/87 HOSP.
BP		Burial		1/23,	1987		on Forest Vet	Owings	Mills,	Md.	STATE
DHMH - 16 60M 7/B4		ine Funera	1 Hor			Fown Md	25e. DA	TE REC'D BY REGISTR	AR 25h REGISTR	AR'S SIGNAT	- Kandara

STATE OF MARYLAND

1 38 87 14.50 ACCURACY IN THE GOLDEN PROPERTY WAS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND 040987 JAN STATE AZ

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

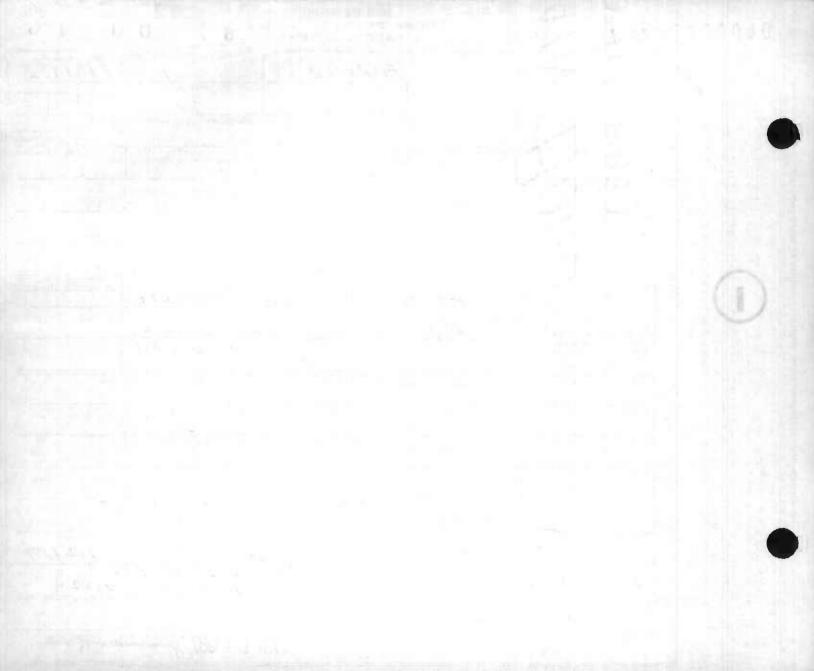
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		CEASED NAME	FIRST	,	AIDDLE		LAST		2a. DATE OF	DEATH A	HTMON	DAY YEAR	26. Н	OUR
N	{ TYPE	OR PRINT)	TO SEP	H	-	FA	RMER	7			11	2 87	12	1000
0	3. SE:			RACE		5. DATE (6. AGE LINYE	ARS LAST BIRTH	IDAY)	IF UNDER I YEA	R IF UN	DER 24 HRS
	15.02.					MONT		YEAR		Bn		MONTHS DAY	S HOUR	MIN.
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9		RTHPLACE (STATE OR F	OREIGN 76.	CITIZEN OF	WHAT COUN	TRY? 8.	D NEVER A	ARRIED	9. BALTIMOR	RE CITY OF	COUNT	Y OF DEATH		
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11	10 €	ITY OR TOWN OF DEA	TH W			JRSING HOME	OR OTHER INST	ITUTION	12a USUAL O	CCUPATIC	N			NESS OR
6	Ra	ndallstown	1		HFACILITY, GIVES	STREET ADDRESS)			Claims		WORKING LI	IFE) INDUSTR		00
	-	AL RESIDENCE (IF NURSI	ING LOWE OR OTH			-			CTATHS	5	•	Ins	uran	ce
72	13a. S	STATE	IX COUNTY		13c. CITY OR	TOWN	13d. INSIDE C	TY LIMITS?	13e.STREET A			-		
1		Md.	-		Balto).	YES	NO 🗌		Purne	ell D	r. 212	07	
ラー	14. FA	ATHER'S NAME	MIDI	DIF	LAST			MAIDEN NA/	ME	MIDDLE			AST	
0	\$	amuel	E.		Farme		Etta			MIDDLE		Hunte		
-	16a V	VAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMA	NĪ	-	ADDRES	SS			
/	Y	YES, NO OR UNKNOWN)	1917-	AR OR DATES)			Mc Al	ico P	Farmer	- C-		~ #12		
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		18 CAUSE OF DEATH PART I. DEATH W	H (Enter only o	ne cause per	line for (a), (b		41.		1			BETWEE	N ONSET A	ND DEATH
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	CERTIFICATION	Marie I. C.												
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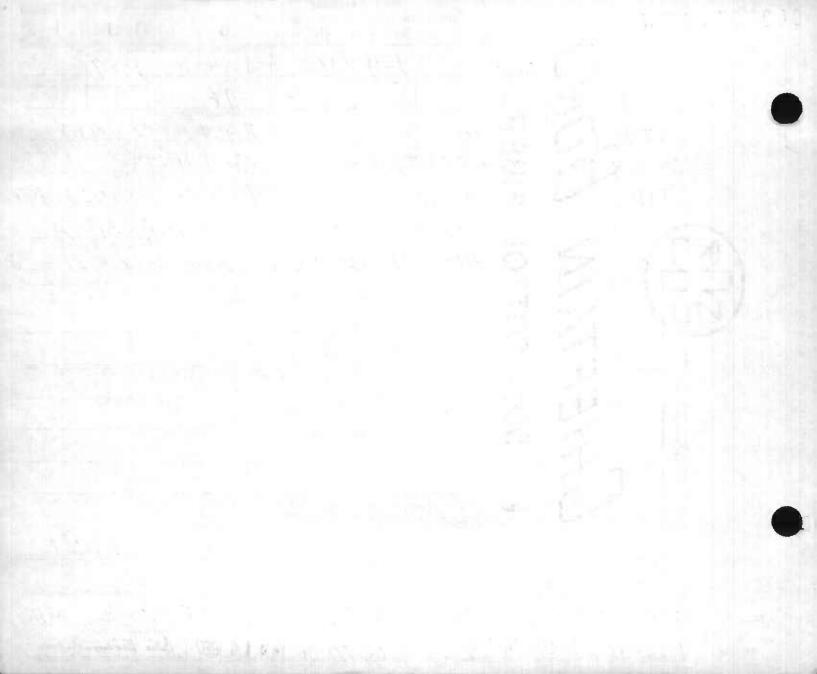
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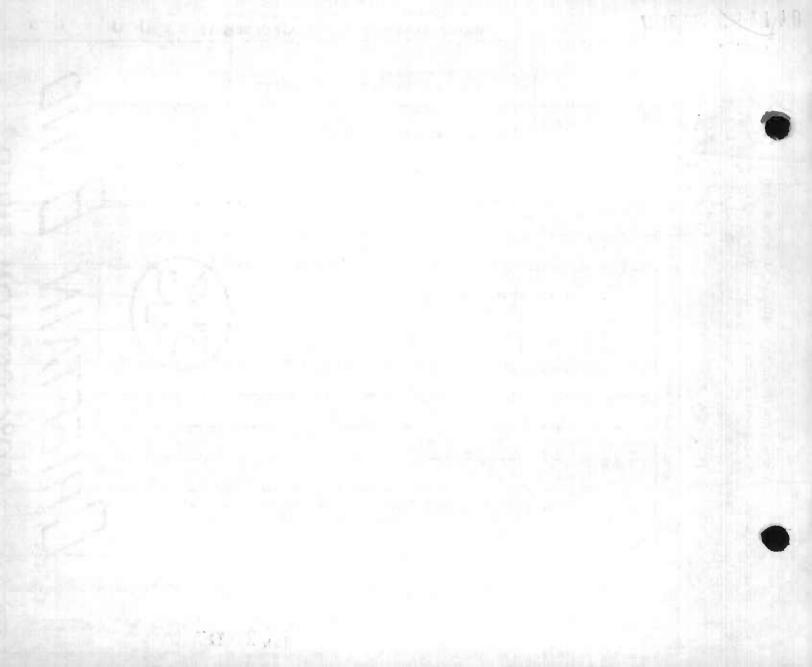
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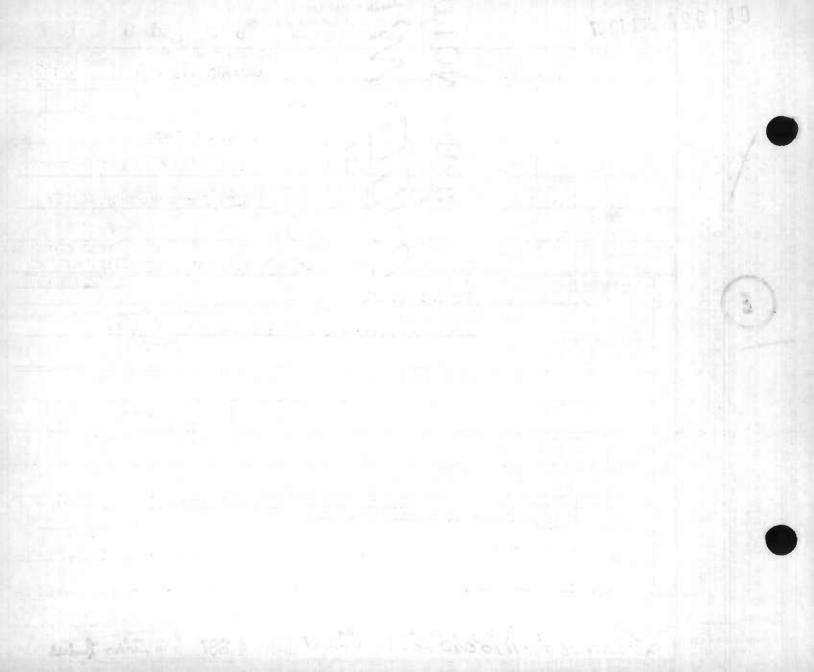




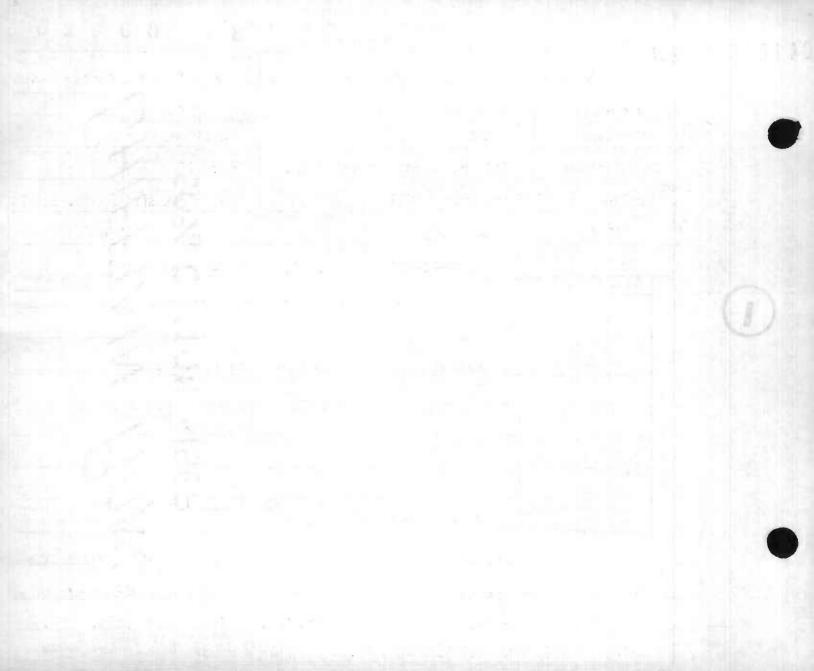
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) EST1-DEATH MATED KELLY R. FILLIUS 18 87 19 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. 2d HOUR SEX DATE OF BIRTH 2c. DATE LAST BIRTHDAY PRONOUNCED DEAD 18 19 87 1P M 20 Fem CAIL 66 b. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE O MARRIED NEVER MARRIED XX FOREIGN COUNTRY) WIDOWED DIVORCED Baltimore County U.S.A. Md. CITY OR TOWN OF DEATH 128 USUAL OCCUPATION (TYPE OF WORK 128 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 11110 Pulaski Highway BAlto. Cosmotologist - Hair Cuttery UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13h COUNTY YES 3 5704 Utrecht Rd. 21206 Balto. BAlto. NO THE Md. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Fillius Virginia Griffin James 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATES 213-70-2149 Virginia L. Teufer 5704 Utrecht Rd. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Hanging IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO Superficial cuts to arms and wrists 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 19g. DATE OF OPERATION 20. AUTOPSY? YES S NO T 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH KX 1-18- 1987 Subject hanged self. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK motel 11110 Pulaski Highway Baltimore. Autopsy X 220. I certify that I top charge of the remains described above held up and in my opinion Suicide X Hamicide Undetermined manner death resulted from TITLE (SPECIFY) PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, I BALFIMORE, M. ACTUAL SIGNED 1-19-87 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kókes, M.D. 111 Pnen St., Balto., MD 21201 (TYPE OR PRINT) ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Md 1 - 21 - 87Burial Parkwood Cem. BAlto. 07/84 BP. 250. DATE REC'D. BY REGISTRAR 20 REGISTRAR SSIGNAPURE 14 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) John C. Miller Inc. 6415 Belair Rd. 21206



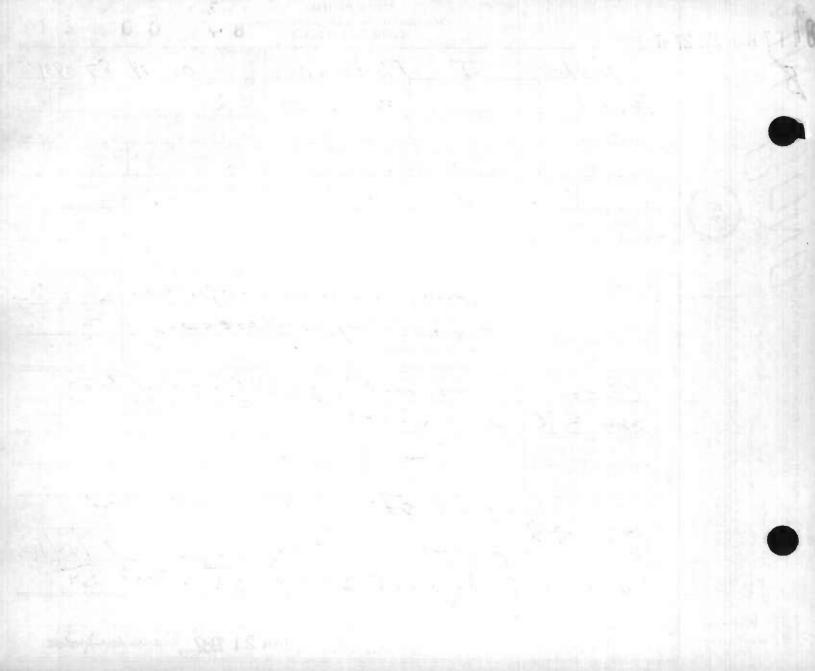
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E DE L		Canditions, if any, gave rise to imm	nediate	(b)_		•	ardiac Infar	ction and La		nic		
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DIVISION OF VITAL RECORDS, 201 W. NG PHYSICIAN. The law requires that to retending physician. Wher this certificate has been signed by to as the burial-transit permit. Then please in and Mental Hygiene prior to burial, created or term 8 shows any injury, or other contents.	ME	WHILE NOT WH	ILE	(AT HOME ST	REET, FACTORY, OFF	ICE, FARM, ETC.)	STREET	CITY OR 1	OWN	COUNTY	STATE	
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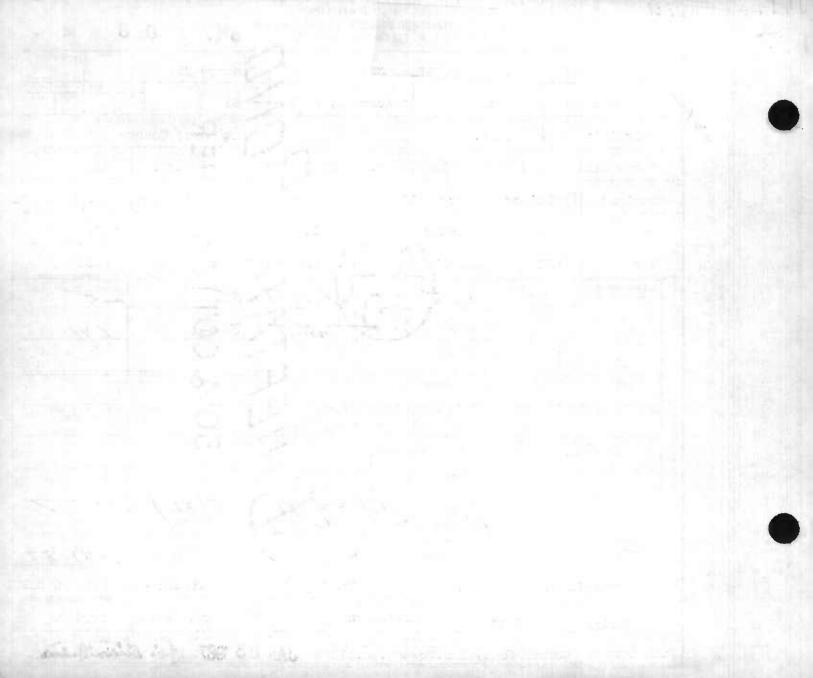
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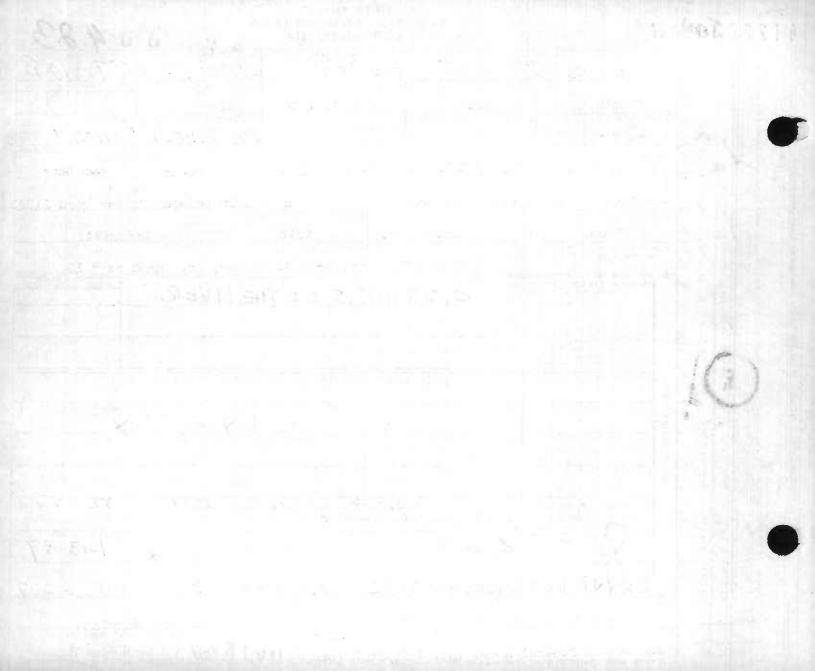
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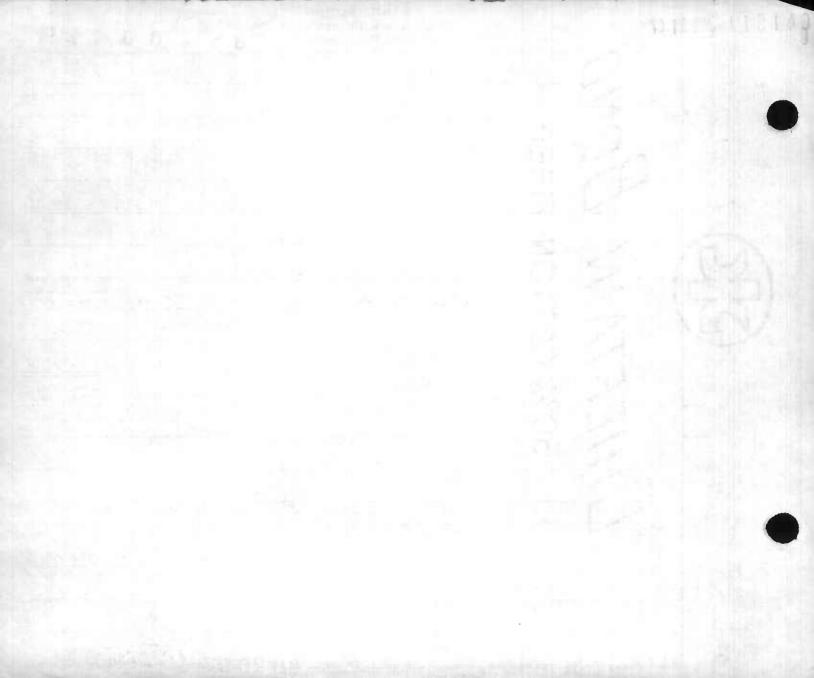


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page 3		FRA		E. FOSTER, JR.				January 21, 1987				
ige 4 mc	3. SE.	Male		White S. DATE OF BIRTH January 1, 1924				63	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.			
leath. Po	7a BI	RTHPLACE (STATE OR FOI COUNTRY) Virginia	REIGN 7b.	U.S.A	WHAT COUNTR	MARRIE WIDOWE	NEVER MARRIED DIVORCED	I Baltimore County				
by the fulled with	Perry Hall			11. NAME OF HOSPITAL, NURSING HO IF NOT IN SUCH FACILITY GIVE STREET ADDRES #3 Canoga Place, A				12a USUAL O (TYPE OF WORK Servi	12d. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Service Tech. Se			
tilled in any of the control of the	30. 5	AL RESIDENCE (IF NURSING TATE Maryland	Balti		GIVE RESIDENCE BEF 13c. CITY OR TO Perry H		134 INSIDECITY LIMITS	13e STREET A	DDRESS / ZIP.CO	ce, Apt.	. 1A 21236	
ed within		rank ^{rsi}	Erne	est	Foster		is: Mother's Maiden Annite	Maud	MIDDLE	Kanodê	251	
oe execut	16a V	VAS DECEASED EVER IN YES NO OR UNKNOWN)	U.S. ARME	D FORCES?	166 SOCIAL SE 219-12-		Mrs. Emily	C. Foste	and	as #13	3e	
Certificate		18 CAUSE OF DEATH (Enter only one cause per line for 1a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS & CONSEQUENCE						APPRO: BETWEEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
uires that the deat igned by the other or please remove a burial, cremollar, ury, or other traum	7	Conditions, if any, gave rise to imme cause Ia1, stating underlying cause	diate the last.	DUE TO, OR AS A CONSEQUENCE OF (c) NOTITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM				ERMINAL DISEASE	MINAL DISEASE OR CONDITION GIVEN IN PART 110			
he law requant. has been single energing to be prior to aws any injur	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				20a AUTO	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO NO				
ICIAN: The physicial physician physi		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA LIFETHER NOTIFY MEDICA	USE OF DEATH	21b. TIME O HOUR A./	M. MONTH	DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER NAT		B PART I OR PART 2)		
attending sethe bur and Me	MEDICAL	214 INJURY OCCURRE	D	21e PLACE (OF INJURY EET, FACTORY, OFFIC	CE, FARM ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE	
R ATTENDIN hospital ar RECTOR: Af red far use a ret, af Healtl rem 21 is ma	N.	22a.1 certify that (1) (t saw the deceased above (1) (we) (die	alive on	11	11/19	Carl .	d that in (my) (au) apin	, to	on the date and h	. 19 <u>87</u> , our and fram the	, that (I) (ye) last e causes stated	
the the letach the District Del		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1.21.87										
O HOSPITAL etorned by th TO FUNERAL should be det with the Stote MAPORTANT:		Francis T. Daly, M.D. 120 PHYSICIAN'S NAME (TYPE OF PRINT) St. Joseph's Professional Building, Suite 20										
BP		BURIAL, CREMATION, RE SPECIFY) Burial	EMOVAL	236. DATE 1-23-		Crest]	EMETERY OR CREMATO Lawn	RY 23d. LOCAT	ard, Coun	ıty°⁰∪∾Mar	yland	
DHMH - 16 60M 7/B4 (VRA 15, 4)		uneral director ick Towson I	Tunera	1 Home	, Inc. T	050 You owson,l	K Ru.	AN 23 19	m.m. E A	STRAR'S SIGNA	TURE	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR MIDDLE B. I. DECEASED NAME LAST FOSTER LOIS (TYPE OR PRINT) 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY 5. DATE OF BIRTH IF UNDER 1 YEAR Female White July 11, 1934 52 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED ANEVER MARRIED COUNTRY New York USA WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker -Own Home 13b COUNTY 13e.STREET ADDRESS / ZIP CODE Maryland Baltimore Lutherville 1510 Dulaney Valley Road 21093 NO IX 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Thomas F. Brown, Jr. Lois Underhill ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 577-52-9325 Mr. John J. Foster, Jr. same as # 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES X NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (this haspital) attended the deceased from saw the deceased alive an_ and that in (hy) (aur) apinian death accurred an the date and havr and from the causes stated above, (we) (did) (did attiview the bady after death DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS N'S NAME (TYPE OF PRINT) 230 BURIAL, CREMATION, REMOVAL STATE (SPECIFY) Burial 1/15/87 Dulaney Valley Cem Baltimore 24 FUNERAL DIRECTOR Towson, Md. 21204 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Ruck Towson Funeral Home, Inc. 1050 York Road (VRA 15, 4)





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1494 JAN 21	87	FOR STATE REGISTRAR	CERTIFICATE OF DEATH 8						0 4	20	
7		CEASED NAME FIRST	M	AIDDLF	L	AST	20 DATE OF DEA	тн монтн	DAY YEAR	26 HOUR	
poge 3	(14PE	Ros	е		F:	rebel		1	19 87	19:10 4	
	3 SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
ctor.		Female	Cauc	asian	MONTH 5	17 93	93	YRS.	MONTHS DAYS	HOURS MIN.	
Pog dire		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY	8.		9 BALTIMORE C		Y OF DEATH		
oth.		senfurt, Germa	nv ·	USA	WIDOWE	D NEVER MARRIED D	Baltimo	re, Cou	inty	y MD.	
on the fur de by the fur de montied o		Towson	11. NAME OF HOSPITAL, NURSING HOME OF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Stella Maris Hospic			OR OTHER INSTITUTION	120 USUAL OCCU	20 USUAL OCCUPATION 126 KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOME Maker			
201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 es that the death certificate be executed within 24 hours hed by the atfinding physician and campletely filled in by please remove carbon papers. Pages? and 2 should be fill priol, cremation, or removal. , or other traumotic event, the medical examiner mastreen	13a. S	AL RESIDENCE (IF NURSING NOME COLUMN STATE NO.)	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFO 13c. CITY OR TOV Baltimo	WN	136. INSIDE CITY LIMITS?	4239 Sha	ess / zip cou mrock F	Rd. 21	206	
MARYL ed with ond 2.k	1	ATHER'S NAME FIRST Michael Roppelt	MIDDLE	EAST		IS. MOTHER'S MAIDEN NAME Kunigunda Lang AIDDLE LAST					
ORE,			AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO.				17 INFORMANT ADDRESS				
IMO n one ex		216-46-0550 John P. Roppelt 4231 Belmar Ave21206									
BALT ore to spers ore.		18 CAUSE OF DEATH (Enter of	nly one cause per	12150000	3043D		Val. 11 B		BETWEEN	ONSET AND DEATH	
ST., Infinite	NOI		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Carcinoma of Lung								
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NG PHYSICIAN: The low required of the right control of the right control of the buriol-transit permit. Then the ond Mental Hygiene prior to be orked or item 18 shows.com injuries.	CERTIFICATION	198 DATE OF OPERATION 198 CONDITION FOR WHICH OPERA			H OPERATIO	N WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO				
VIII. 7 Nysica ronsi Hygi Il8 sh	H H	210. ACCIDENT WAS UNDERLYING			DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE C	OF INJURY IN ITEM 18	B PART I OR PART 2)		
Per pi	AL	OR CONTRIBUTING CAUSE OF DI	NIN .	//	19						
HYS of his of hi	MEDICAL	21d. INJURY OCCURRED	21a PLACE C	OF INJURY	SARA EYE	211 LOCATION	CITY	ORTOWN	COUNTY	STATE	
IVIS 4G F other ter t ter t honer rked		MHILE NOT WHILE AT WORK	(ATTOME, STA	1	ranm, cic;						
ATTENDO hospital ar RECTOR: A hed far use ept. of Heal		220 I certify that (I) (this has		deceased fram	2/	6 19 85		/19	19 87	that (I) (we) last	
		saw the deceased alive an									
	-	22b. SIGNATURE		1		DEGREE	-2	,	22c DATE	SIGNED	
Al call of the Date Detocler		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1-19-87									
HOSPITAL need by 18 FUNERAL uld be det or the Store		22d. PHYSICIAN'S NAME (TYPE CANADA)				22e ADDRESS					
		Dr. E. Nakuda				2300 Dulaney Valley Rd. Towson, Md. 21201					
5 5 5 4 X	23a. E	BURIAL, CREMATION, REMOVA	L 23b. DATE	236	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		2000		
BP		(SPECIFY) Burial	1-22-8	7 Н	Holy REdeemer Cem. Balto. Md.					STATE	
DHMH - 16 60M 7/84	24_FI	UNERAL DIRECTOR		ADDRESS		25a. DA	TE REC'D. BY REGIS	TRAR 256 REGIS	STRAR'S SIGNAL	DRE Jack	
(VRA 15, 4)	Jo	hn C. Miller,	Inc,-641	5 Belair	Rd	21206 JA	N 2 0 198	1 Julia	Depress.	V	

STATE OF MARYLAND

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STATE OF MARYLAND

